

THE HEALING EXPERIENCES OF ADULT SURVIVORS OF COMPLEX TRAUMA

by

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Abstract

Complex trauma is a critical area to explore in terms of the emotional, physical, psychological, social, and spiritual well-being of survivors. This research explored the personal experiences of 12 adult survivors of childhood trauma by interpreting the meanings they attach to their stories of healing. A three phase analysis approach adapted from the work of Lieblich, Tuval-Mashiach, and Zilber (1998) was carried out. Individual interviews were analyzed following a narrative approach to capture each participant's perspective and meaning. The themes that emerged from the narratives were organized into ten main categories. Five overarching metathemes occurring across all of the participants' narratives included: *Trauma Effects*, *Establishing Safety*, *Reclaiming Self*, *Healing through Relationships*, *The Healing Journey*. The results of this study add important findings that increase understanding of how to address complex trauma in counselling and health care settings in order to restore individual's sense of safety and well-being. By targeting the possible issues linked to the seven domains of complex trauma that underlie the presentation of traumatized individuals, survivors will feel more supported in their recovery and may be more likely to access appropriate support.

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Dedication

This research is dedicated to all the young trauma survivors I have journeyed alongside over the years. May you all experience safety, joy, and hope for the future.

Chapter One: Introduction

Complex psychological trauma occurs within the context of cultural and social realities. Traumatic events are part of the human experience, universal in manifestation and incidence, and call for a response from the community in terms of healing interventions, counselling, and medical care (Wilson, 2007). There are multiple realities present in the experience of complex trauma as well as the aftereffects, including attempts to cope with the despair and dysfunction, and the transition towards healing and growth (Brown, 2009). Brown (2009) states, “Complex trauma is a trauma of intimacy, of shared physical and social realities, and frequently of shared or overlapping cultures and meanings (p. 167). In particular, the responses to trauma are shaped by the contextual, social, political, and cultural settings in which the trauma takes place (Brown, 2009). Both the reactions to trauma and the approaches to helping and healing are culturally bound and historically situated (Yeh, Hunter, Madan-Bahel, Chiang, & Arora, 2004). Trauma and healing can be understood as socially constructed phenomena that are often influenced by the values of mainstream society and their meanings are negotiated through social processes, traditions, and the media (Gergen, 1985; 2001).

Complex trauma represents more extreme or prolonged forms of traumatic events (Ford & Courtois, 2009) that are often connected to issues of attachment, betrayal, and abandonment (van der Kolk & Najavits, 2013). The complex reactions in response to early trauma are shaped by developmental processes, and reflect individual efforts to adapt to prolonged adverse events, differing from a disease process (Courtois, Ford, & Cloitre, 2009). The complicated and diverse reactions survivors may experience are linked to the nature and timing of when the trauma occurred (Ford & Courtois, 2009). Exposure to early abuse and neglect can have severe and long-term impacts that may manifest as changes in the mind, body, emotions, and relationships

(Briere, Kaltman, & Green, 2008; Ford & Courtois, 2009). The experience of sustained, repeated, or multiple traumas is the reality for many survivors (Cloitre et al., 2009), often leading to a wide range of symptoms in adulthood (Briere et al., 2008). The difficulty trauma survivors experience is likely defined by a number of factors that extend beyond the individual's trauma history. Adult survivors of complex trauma continue to move through the developmental stages and participate in new life experiences. Further exposure to maltreatment, family functioning, coping responses, social status, and access to economic resources may all contribute to a more complex symptom presentation that is beyond the effects of early trauma (Briere & Jordan, 2009).

Most trauma responses occur in the context of intimate and trusting relationships. The interpersonal dimensions of trauma are often overlooked by the current Western paradigm that is focused on “fixing” people with disorders. This practice model decontextualizes the interpersonal reality of the human experience (van der Kolk & Najavits, 2013) and largely ignores the social, cultural, and political contexts that are key for healing to occur. To begin to respond to complex trauma in a meaningful way, the need to consider the cultural understandings of self and how the intactness of self is threatened and reconfigured in the face of trauma is paramount. The shared values within relationships, the community, and the culture shape trauma survivors healing experiences in their socio-historical contexts (Priya, 2015).

Significance of the Study

Complex trauma does not currently exist as a formal disorder within the mental health field, creating challenges for practitioners to treat individuals with complex posttraumatic symptoms in a coherent manner (van der Kolk, 2009). The various symptoms that trauma survivors experience are often relegated to other diagnoses including: Post Traumatic Stress

Disorder (PTSD), Attention Deficit Hyperactivity Disorder (ADHD), Borderline Personality Disorder (BPD), Bipolar, Depression, and attachment disturbances, making it difficult to systematically and scientifically study the full range of interventions to help those with complex trauma (van der Kolk, 2009). The reliance on comorbid conditions leaves practitioners without an efficient organizing system for the assessment and treatment of complex trauma. Treatment approaches become focused on multiple psychiatric disorders, requiring therapists to shift clinical interventions to address each type of comorbidity. This can create barriers in providing effective and efficient treatment for trauma survivors. A complex trauma framework may help to reduce stigma for survivors, providing a clearer understanding of posttraumatic adaptations and an improvement in treatment outcomes (Ford & Courtois, 2009).

There are current gaps in the assessment and treatment of complex trauma, which calls for more reliable, streamlined, and clinician friendly instruments (Cloitre et al., 2012). It is difficult to accurately assess, diagnose, and effectively treat the numerous symptoms associated with complex trauma. Practitioners are challenged with where and how to begin treatment, what to treat when, and how to sequence and titrate the treatment (Ford & Courtois, 2009; Wagner, Rizvi, & Harned, 2007). Trauma survivors may present with a range of symptoms that do not fit neatly into standard case formulations. Consequently, there is no “one size fits all” treatment approach for this population (Wagner et al., 2007). It is unlikely there will be a single therapeutic approach that effectively treats the complex presentations of trauma survivors. Given the clinical heterogeneity with complex trauma, it is expected that there will be variability in individual responses to standardized treatments (Lonergan, 2014).

There is contradictory evidence on the efficacy of treatments for complex trauma. The trauma literature recognizes that the treatment for PTSD and complex trauma require different

approaches (Ford & Courtois, 2009; Luxenberg, Spinazzola, Hidalgo, Hunt, & van der Kolk, 2001; van der Kolk, 2009). Standard PTSD treatments do not adequately address the core issues of complex trauma. Individuals require interventions that extend beyond a singular focus and target the constellation of symptoms in complex cases (Gleiser, Ford, & Fosha, 2008). Evidence-based treatments for PTSD have not been consistently tested with individuals with complex trauma. Furthermore, most therapeutic approaches that have been adapted to treat complex trauma have not been validated in randomized clinical trials. Instead of delivering PTSD-focused therapies to treat complex trauma, it may be more effective to focus on the core mechanisms that target affective, cognitive, somatic, and interpersonal functioning (Ford & Courtois, 2009).

Individuals with complex trauma symptoms have often been excluded from trauma psychotherapy research, making it difficult to determine what therapeutic approaches are most beneficial for this population (D'Andrea & Pole, 2012). The majority of treatment research has focused on quantitative findings related to group feedback surveys or self-report symptom measures (Kallivayalil, Levitan, Brown, & Harvey, 2013). There is currently limited data available on treatment outcomes for individuals with complex posttraumatic symptoms (Gleiser et al., 2008) and a lack of empirically supported treatments (Wagner, et al., 2007). With the small number of treatment studies to date, generalizations cannot be made about evidence-based practices for adults with complex trauma (Cloitre et al., 2011). Further research is necessary to explore who benefits from various trauma treatments and those who struggle to recover (van der Kolk & Najavits, 2013).

Western cultures tend to value the role of the expert in determining the most effective treatment for trauma survivors. There is less reliance on the perspectives of individuals who receive treatment and what they perceive as helpful in their healing (van der Kolk & Najavits,

2013). Consequently, there is limited information available on individual subjective experiences of trauma recovery in the context of trauma-informed therapy (Kallivayalil et al., 2013). Even less information is available on the holistic healing experiences of adult trauma survivors and the physical, mental, and spiritual healing practices they find helpful.

Existing research has primarily focused on the pathways to healing from childhood sexual abuse (Arias & Johnson, 2013; Kallivayalil et al., 2013) and the therapeutic experiences of child sexual abuse survivors (Chouliara, Karatzias, Scott-Brien, MacDonald, MacArthur, & Frazer, 2011; Koehn, 2007; McGregor, Thomas, & Read, 2006). The range of behaviours on the trauma continuum calls for diverse and integrative approaches to treat trauma survivors. The identification of optimal treatment strategies will be important in determining what types of interventions will be effective for specific trauma populations. Further research is necessary to better understand the holistic healing experiences of adult survivors of complex trauma.

Definition of Terms

Complex trauma. For the purpose of this study, the definition of trauma is located within the Western medical model of practice. *Complex psychological trauma* and *complex trauma* are used interchangeably throughout this dissertation to describe the experience of multiple and prolonged adverse traumatic events, most often occurring at developmentally vulnerable times and within the caregiving system (van der Kolk, 2005). Early adverse traumatic events may include physical, sexual, and/or emotional abuse, family violence, or neglect that occurred repeatedly in childhood. The set of responses individuals experience in the aftermath of such events is referred to as complex posttraumatic reactions.

Healing. The meanings of healing are varied and deep-rooted in culture and history. Holistic healing is broadly understood as seeking to restore harmony and balance within the person and his or her environment (Moodley, Sutherland, & Oulanova, 2008). For this research,

healing was defined as the subjective experience of developing a sense of personal wholeness that involves physical, mental, emotional, social, and spiritual aspects (Egnew, 2005).

Purpose of the Study and Research Questions

Lonergan (2014) acknowledges that almost half of complex trauma survivors do not benefit from first-line evidence-based treatments, suggesting the need for more novel and specialized treatment approaches. Qualitative research with trauma survivors can significantly contribute to our understanding of the individual experiences and subjective realities of healing and recovery. Healing narratives may help to reveal what factors contribute in the recovery process and inform practice by identifying the unique circumstances and possible challenges that occur throughout the healing process (Kallivayalil et al., 2013). The personal subjective nature of healing may be best explored through a qualitative research approach (Egnew, 2005). In particular, stories may offer insight and new understanding about what one has not personally experienced (Garro & Mattingly, 2000).

This research study was focused on two main objectives: (1) to understand the healing experiences of adult survivors of complex trauma, and (2) to discover the factors which help and hinder adult trauma survivors in healing and recovery. The intent was to gain deeper understanding of trauma survivors healing from a holistic perspective through individual stories. Additionally, I attempted to define the treatments and interventions that trauma survivors perceive as helpful and unhelpful in their healing. The primary research question addressed was: What are the healing experiences of adult survivors of complex psychological trauma? Secondary research questions included: What therapeutic approaches, counselling/health/alternative interventions, resources and/or supports assist adult survivors in their healing? What hinders adult trauma survivors' in their recovery?

Treatment for complex trauma is in the early stages of development and requires both refinement and adaptation to effectively meet individual needs (Cook et al., 2005). This study aims to address a gap in the literature by critically examining the holistic healing experiences from early trauma. Increased knowledge and awareness of adults' healing experiences will assist helping professionals, counselling support services, and scholars to develop training and interventions that will be effective and proactive in supporting such individuals. The findings from this research may benefit communities by raising awareness about the diverse healing practices and alternate modes of intervention for complex trauma. Increased awareness is essential to address the gaps in services and improve resources for trauma survivors. It is through collaborative efforts that communities can begin to break the cycle of abuse and neglect, and in turn cut down the utilization and cost of correctional, social, mental health, and medical services.

Researcher Context

My counselling practice with young trauma survivors has influenced and motivated me to carry out research to better understand individual healing experiences from early and prolonged trauma. Many of the individuals who I provide support to, share experiences of multiple and repeated adverse events often beginning at young ages. I have become aware of and sensitive to the challenges many survivors face including relationship problems, learning difficulties, the inability to self-regulate, and identity concerns. Based on these experiences, I have realized that healing from trauma can be a lifelong journey for many people. Individuals often engage in years of therapeutic work and return to counselling at key developmental stages or after significant life events. I have recognized the limitations in my practice and began to question what other treatments and interventions would be helpful for my clients.

My interest in this research topic is guided by my existential worldview and humanistic approach to helping. I believe that most trauma survivors seek to understand their suffering and often part of their healing involves finding meaning from those experiences. One of my assumptions is the power of healing in the context of a safe and supportive relationship. This guides me to practice with unconditional positive regard and to engage in authentic relationships. I have profound respect for where each client is currently at in his or her healing. By moving into another's subjective world, I can begin to understand and accept that individual's reality. In my counselling practice, I prefer to work from a strength-based holistic approach that is focused on balance and integration of the whole person with his or her environment. I have witnessed how trauma can create isolation and disconnect from the self and others, which has strengthened my belief that holistic healing practices are fundamental in one's recovery. My personal and professional experiences have shaped my beliefs about the need to incorporate mental, emotional, physical, and interpersonal healing strategies to regain wholeness and balance.

Theoretical Framework

The postmodern tradition of social constructionism assumes that constructions of reality are historically and culturally situated (Gergen, 1985; Gergen, Josselson, & Freeman, 2015). The world is understood in terms of socially constructed artifacts, reflecting historical processes and ongoing negotiations among people in relationship (Galbin, 2014; Gergen, 1985). From this perspective, reality is constituted through language (Gergen, 2001) as all descriptions about the world are subject to the rules of discourse (Edley, 2001) and gain meaning through social processes (Gergen, 1985). Language is a shared experience that allows one to convey the content of the mind to others and sustain traditions and cultural practices (Gergen, 2001).

Constructionists engage in a cultural practice of sense making (Gergen, 2001), emphasizing the variability and complexity of individuals within the context of their communities. The diverse cultural worldviews on health, illness, and healing support the social constructionist assumption that meaning is the product of social, cultural, linguistic, and symbolic practices (Galbin, 2014). Culture not only shapes our values and beliefs, but it also regulates our patterns of behaviour and emotional responses to significant life events (Moodley, et al., 2008; Wilson, 2007). The meanings of trauma and healing are deeply embedded in a complex network of meanings within a particular culture (Moodley et al., 2008). There cannot be an individual experience of trauma without a cultural history or background. An individual's symptoms, level of distress, and responses to trauma are mediated by culture and history, reflecting the values and beliefs of the collective group (Wilson, 2007).

Social constructionists do not support claims for truth, objectivity, or universality. Instead, all knowledge claims are understood as ambiguous, fluid, and constantly evolving (Gergen, 1985). Gergen (2002) states, "When we begin to declare local truths as true in all worlds, we not only border on insensitivity, but we may ultimately contribute to forces of colonialism, oppression, and totalitarianism" (p. 189). This reminds us of the potential societal consequences attached to all knowledge claims (Gergen, 2002). Social constructionists recognize that constructions of knowledge may undergo significant changes over time and are subject to critique, transformation, and deterioration. Interpretations may be abandoned or reconstructed as social relationships and cultural meanings unfold (Gergen, 1985).

This research study was guided by the understanding that conceptions of complex trauma may differ from one culture to another and the meanings may shift in time. I recognize that psychological constructs may not be understood or applicable in cultures that don't accept

psychobiological explanations of illness (Wilson, 2007). The focus on traumatic memory and PTSD symptoms may be irrelevant in cultures that do not place value on clinical symptoms. The distress some people experience from trauma may be more so linked to the destruction of relationships rather than the clinical symptoms associated with psychiatric disorders (Priya, 2015). I entered this research with the assumption that individuals have different values and expectations related to their trauma experiences, and their healing practices are influenced and reconstructed in the context of current social, political, and economic institutions (Moodley et al., 2008). Psychological trauma is relational and it can cut off or remove individuals from mainstream social and cultural practices. It was my role to honour the subjective realities of trauma survivors and gain deeper understanding of their healing experiences.

Overview of the Dissertation

The exploration of individual healing experiences of adult trauma survivors adds to the limited literature on this topic and fulfills my personal quest for knowledge. My motivation to carry out research with this population was guided by my professional experiences and philosophical beliefs. Social constructionism is the overarching theoretical framework that supports the research questions and process of inquiry.

Chapter Two presents a review of the literature on trauma and healing, to set the context for the study and highlight key issues relevant to adult survivors of complex trauma. The chapter begins with a discussion on the prevalence and risk factors associated with early trauma, and then explores attachment disturbances, neurobiological effects, and developmental considerations specific to trauma. The issues related to diagnosis, assessment, and treatment of complex trauma in adults is examined, followed by a discussion on the diverse implications and

current treatment approaches. The chapter ends with a discussion on healing with a look at cultural differences and healing from trauma.

Chapter Three provides a summary of the research process using a narrative approach within the qualitative paradigm. The ethical considerations relevant to carrying out research with trauma survivors are highlighted, followed by a description of the quest for participants and the approach to interviewing. My reflections on the research process are included throughout the chapter as part of the analysis. The chapter concludes with a look at the process of analysis and the criteria used for assessing qualitative validity.

Chapter Four includes the co-constructed narratives of healing from Phase One analysis. The stories represent my interpretations and understandings of the participants' experiences of healing from complex trauma. The in-depth narratives of 12 adult trauma survivors illustrate the complexity, diversity, and uniqueness involved in healing and recovery.

Chapter Five presents the categories and themes that emerged from Phase Two analysis. A categorical-content analysis was carried out to identify the hindering and helpful factors in healing from complex trauma. The actual words of the participants are included throughout the chapter to highlight the common themes found in the stories.

Chapter Six provides an overview of the metathemes occurring across all of the participants' stories. Phase Three analysis included the identification of the overarching issues and connections among the participants' experiences of healing and recovery.

Chapter Seven presents a discussion of the research findings, linking my interpretations of the participants' experiences with the existing literature and integrating new information. The limitations to the study and my reflections on the research process are presented. The chapter

concludes with recommendations for future research and implications for practice that arose from the research process.

Chapter Two: Literature Review

Psychological trauma can deeply challenge one's sense of safety, control, and connection in the world, leaving some feeling completely alone, forever changed, and overwhelmed with ordinary life (Briere, 2012; Herman, 1997). The impact of trauma is multifaceted and people vary in the nature of their responses to traumatic events. Psychological trauma was once believed to be an uncommon human experience (American Psychiatric Association, 1980), yet many people endure unbearable pain and suffering from such extreme adverse experiences. The meaning of trauma has taken on many forms. Ford and Courtois (2009) explain, "The word trauma has multiple meanings, referring alternatively to medical/physical injury or psychological injury, as well as to the events that cause this injury" (p. 14). For the purpose of this research, psychological trauma or complex trauma refers to the stressor event(s), and the response or set of symptoms experienced in the aftermath of such events is referred to as posttraumatic reactions or complex traumatic stress disorders.

Prevalence and Risk

The prevalence of child abuse and neglect is difficult to accurately measure because estimates are based solely on reports of child maltreatment. With the shame and secrecy often attached to interpersonal abuse, actual rates are likely underreported as individuals may be unlikely to disclose or will recant out of fear. The Canadian Incidence Study of Reported Child Abuse and Neglect (CIS) was initiated by the Public Health Agency of Canada as a surveillance tool to collect information on children reported to child welfare because of alleged maltreatment (Tonmyr, Ouimet, & Ugnat, 2012; Trocmé et al., 2010). In 2008, the CIS reported 85,440 substantiated investigations of child abuse and neglect in Canada. These statistics do not reflect the number of incidents where there was insufficient evidence to substantiate maltreatment or

those children at risk of future maltreatment. Investigations carried out by child welfare organizations include: exposure to intimate partner violence (34%), neglect (34%), physical abuse (20%), emotional maltreatment (9%), and sexual abuse (3%). The number of child maltreatment investigations nearly doubled from 1998 to 2008. With the incidence of child abuse and neglect on the rise in Canada (Trocmé et al., 2010) and the possible lifetime implications for survivors, there is need for more effective diagnostic, assessment, and treatment protocols.

Child maltreatment is a major public health concern worldwide with a number of mental and physical consequences. Data from the *2012 Canadian Community Health Survey: Mental Health* reveals that 32% of the adult population has experienced childhood abuse with the highest rates in Manitoba (40%), Alberta (36.1%), and British Columbia (35.8%). Physical abuse is reported as the most common (26.1%), followed by sexual abuse (10.1%), and exposure to intimate partner violence (7.9%). The survey results demonstrate that child abuse is associated with increased rates of mental health conditions in adulthood. Specifically, Posttraumatic Stress Disorder (PTSD) is associated with sexual abuse and certain types of physical abuse, while all three types of abuse are linked to drug abuse, suicidal ideation, and suicide attempts. This study did not include residents living in the territories, Aboriginal communities, or institutions, nor did it include measures of neglect or emotional abuse, suggesting that accurate rates of child maltreatment are likely underrepresented in these findings (Afifi, MacMillan, Boyle, Taillieu, Cheung, & Sareen, 2014).

There are a number of conditions thought to both moderate the effects of abuse and paradoxically produce their own lasting effects. Socially transmitted attitudes, such as support for corporal punishment or minimization of abusive behaviours, may promote acceptance for the victimization of children. Marginalization, discrimination, and poverty not only increase the risk

for exposure to trauma but may also intensify the effects one experiences due to limited supports or resources. Similarly, parental psychopathology, substance abuse, or trauma experience may be likely to impair one's capacity to parent and respond to the needs of the child. This can contribute to attachment disruption, dysfunctional family relationships, and violence in the home. These experiences are likely to perpetuate fear, isolation, and secrecy. Other factors that may increase risk for long-term consequences include biological or genetic factors and other traumas (Briere & Jordan, 2009).

Terr (1991) distinguishes between Type I (single event) and Type II (repeated exposure) childhood traumas. Type I traumatic conditions result from an unexpected single event such as a traumatic accident, natural disaster, terrorist attack, single incident of abuse or assault, or witnessing violence (Ford & Courtois, 2009; Terr 1991). Responses to these types of events can result in posttraumatic symptoms of re-experiencing, avoidance, and hyperarousal. The reactions associated with Type I traumas differ from those that are more persistent and complex (Terr, 1991). Type II trauma includes repeated exposure to extreme stressful events, typically involving a betrayal of trust in primary relationships (Ford & Courtois, 2009). Chronic exposure to childhood abuse, torture, imprisonment, or war may lead to profound character changes in an individual (Herman, 1997; Terr, 1991). A variety of symptoms may be present such as dissociation, arousal difficulties, somatic distress, anxiety, and depression (Williams, 2006).

Attachment

Attachment relationships are the foundation for healthy emotional development in early childhood (Stinehart, Scott, & Barfield, 2012). An infant's innate self-regulation mechanisms depend on brainstem areas to send and receive input along the vagus nerve to bodily organs, allowing the body to adapt to environmental changes (Ford, 2009). An attachment figure helps

regulate the child's physiological arousal by providing a balance between soothing and stimulation (van der Kolk, 2003). Sensitive caregivers are attuned to the child's actions, creating a sense of protection and security that an attachment figure is available and responsive (Bowlby, 1988). Positive relationships with caregivers are fundamental to the development of self-regulation in infancy and foster one's ability to modulate bodily, affective, and mental processes later in life (Ford, 2009).

A secure-attachment bond provides a child with a sense of safety and belonging in the world (Ford, 2009; Ma, 2006). In creating this bond, physical proximity to an attachment figure is critical in early childhood (Bowlby, 1988; Ma, 2006). Caregivers provide consistent responsiveness to the signals and needs of the child (van der Kolk, 2003). Securely attached children rely on their emotions and engage in exploratory activity and play (van der Kolk, 2003). Attachment relationships form the basis where children develop inner working models to describe the world and how they view themselves in relation to others (Kinsler, Courtois, & Frankel, 2009).

Prolonged exposure to threatening stressors can disrupt the development of attachment bonds (Ford, 2009). Children become distressed with caregivers who are inconsistent, violent, or neglectful, as they have no sense that the external environment will provide relief (van der Kolk, 2003). Disorganized attachment is characterized by a chaotic and contradictory mix of strong attachment behaviours and avoidant or aggressive behaviours (Ford, 2009). Children are often unable to self-regulate and learn they cannot rely on others to help them, making them extremely vulnerable to the flight, fight, or freeze response (van der Kolk, 2003). Individuals may become hypervigilant, continuously preoccupied with danger and survival that they are unable to assimilate new information or learn from experience (van der Kolk, 2000; 2003). Children raised

in neglectful environments with little to no stimulation may experience even more detrimental consequences in development than those who are exposed to abuse (van der Kolk, 2003).

Williams (2006) discusses the human need for attachment and connection, suggesting children will attempt to preserve attachment even to abusive figures. Children adapt by becoming attuned to the abuser's inner state, resulting in hyperaroused states or nightmares. The child's safety and emotional security are affected by the caregiver's level of distress. This results in the fragmentation of self and the inability to regulate internal states. Children internalize interactions with their caregivers which informs future relationships. Those early interactions shape the child's working models of the self and the world. Without healthy relationships and mirroring, fragmentation and dissociation occurs.

Trauma and Neurodevelopment

The sequence of neurodevelopment is genetically pre-determined (Glaser, 2000), with the brain organized hierarchically from the bottom-up and inside-out (Perry, 2009). At birth, the brainstem area responsible for regulating cardiovascular and respiratory functions is fully functioning (van der Kolk, 2003). The organization of higher brain centers, both the limbic and cortical regions, depends on input from lower parts of the brain (Perry, 2009). As such, "Development is a complex and dynamic process involving billions of interactions across multiple micro (e.g., the synapse) and macro domains (e.g., maternal-child interactions)" (Perry, 2009, p. 241).

Brain volume increases the most in the first year of life with the proliferation and mass overproduction of axons, dendrites, and synapses in different brain regions (Diseth, 2005; Glaser, 2000). Neurotrophins are the chemicals that regulate the survival, differentiation, and maintenance of neurons in the brain (Glaser, 2000). The determination of which synaptic

connections survive depends on stimuli from the environment and the information received by the brain. The developing brain organizes and internalizes new information in a use-dependent manner (Perry, 2009; van der Kolk, 2003). New synapses are generated in response to environmental stimuli which allows for learning to take place (Diseth, 2005; Glaser, 2000; Weber & Reynolds, 2004). However, not all synaptic connections will survive as pruning occurs in different neural systems due to lack of use (Glaser, 2000).

Sensitive periods are times of vulnerability when the development of specific brain areas rely on environmental influences (Glaser, 2000). Brain development will be affected differently at different stages in development and the outcome can vary depending on the maturity of the central nervous system (Weber & Reynolds, 2004). Neural plasticity describes the potential for change within sensitive periods in which environment experience affects brain maturation (Diseth, 2005). Sensitized neurons may organize the brain into new functional networks, providing alternate pathways for integrating experience and memory (Perry, 2009).

Both preclinical and clinical studies reveal that neurobiological abnormalities are associated with early childhood trauma exposure (Diseth, 2005; van der Kolk, 2003). The developing brain is sensitive to traumatic stressors that occur during vulnerable periods of development, with specific brain regions more sensitive to stress than others. The immaturity of the limbic system and neocortex make children more vulnerable than adults to the long-term effects of trauma. Prolonged trauma and neglect can alter the structural and functional integrity of the brain (Weber & Reynolds, 2004), leading to maladaptive processing of stimuli in adolescence and adulthood (Williams, 2006).

The Stress Response System

Weber and Reynolds (2004) define stress as, “any event that disrupts the homeostasis or equilibrium of body systems” (p. 116). The stress response system involves the hypothalamic-pituitary adrenal (HPA) axis, sympathetic nervous system (SNS), parasympathetic nervous system (PNS), and the neurotransmitter system (Diseth, 2005). When an individual is threatened or exposed to a dangerous or stressful situation, a complex range of behavioural and physiological responses are activated to improve an individual’s chance of survival to the stressor (Smith & Vale, 2006; Weber & Reynolds, 2004). The HPA axis connects the brain to the adrenal cortex which secretes cortisol when activated by stress (Diseth, 2005; Glaser, 2000). The HPA axis is vital in physiological reactions to trauma by stimulating the adrenal cortical production of glucocorticoids (Weber & Reynolds, 2004). Glucocorticoids regulate the magnitude and duration of HPA axis activation (Smith & Vale, 2006). Exaggerated HPA activity or prolonged exposure to high glucocorticoid levels is harmful to the developing brain (Weber & Reynolds, 2004). Responses to threat are mediated by the SNS and PNS which are located in the brainstem. The SNS mobilizes and prepares the body for emergencies by increasing cardiac output, stimulating sweat glands, and inhibiting the gastrointestinal tract (van der Kolk, 2003). The SNS is responsible for these unconscious emergency responses to prepare the body for the fight or flight response (Weber & Reynolds, 2004) whereas the PNS inhibits the mobilization responses of the SNS and is integral in the recovery from stress (van der Kolk, 2003).

Chronic activation of these systems may have negative long-term consequences on the brain. Sensitization takes place when the neurochemical systems responsible to mediate the brain’s stress response become irreversible and change (Weber & Reynolds, 2004). The molecular characteristics of neurons, synaptic distributions, dendritic tress, and other aspects of

the neural networks will undergo use-dependent alterations. These changes will result in an altered baseline activity and reactivity of the stress response system in traumatized individuals (Perry, 2009).

Cortisol. Cortisol is a glucocorticoid that works as an anti-inflammatory agent when released by the onset of stress. It serves a critical role in terminating the body's stress response and is required to shut down reactions that can damage the brain (Weber & Reynolds, 2004). Both increased and decreased cortisol responsivity has been linked to childhood maltreatment (Carpenter, Shattuck, Tyrka, Geraciotti, & Price, 2011). Prolonged high levels of cortisol may be extremely harmful in early life as it promotes the reduction of cell migration, glial mitosis, myelination, atrophy of dendrites, and neuronal death (Diseth, 2005). Increased cortisol is linked to brain alterations including thymus gland shrinkage, cell death, and a weaker immune system (Weber & Reynolds, 2004).

The down regulation of the HPA axis in the hippocampus leads to suppression of the stress response by negative feedback systems (Glaser, 2000). A deficiency of cortisol or an enhancing of the negative feedback of the inhibition of the HPA axis results in a lack of stress reaction when necessary. Reduced cortisol levels may lead to a dysfunctional flight, fright, freeze response and feelings of passive fear (Diseth, 2005; Glaser, 2000). Carpenter et al. (2011) found that women who experienced childhood physical abuse displayed a lower cortisol response to a psychosocial stress task, in comparison to the non-abused group. Similar results were reported in another study of adults with a history of child maltreatment, where suppression of cortisol response to a standardized laboratory psychosocial stressor was found (Carpenter et al., 2007). PTSD is associated with low cortisol levels and an enhanced negative feedback loop in the HPA axis (Weber & Reynolds, 2004). Conversely, studies involving children with PTSD show high

levels of cortisol when compared to a control group, suggesting an immature HPA axis (van der Kolk, 2003).

A pathological arousal response. Dopamine, epinephrine, and norepinephrine are catecholamines involved in frontal lobe activation that are linked to reward dependence, working memory, thinking, mood regulation, and arousal (Weber & Reynolds, 2004). Increases in catecholamine excretion are linked to a continuing stress response. Similarly, an increased resting heart rate and an abnormal return of the heart rate to baseline levels suggest an overactive SNS (Diseth, 2005; Glaser, 2000). These reactions may explain hyperarousal symptoms such as anxiety, irritability, and lowered stress threshold associated with PTSD (Diseth, 2005). PTSD symptoms are considered a manifestation of dopamine function and the catecholamine systems (Weber & Reynolds, 2004).

The dissociative response. The PNS consists of the ventral vagal and dorsal vagal systems responsible for behavioural and emotional responses to stress. The dorsal vagal is associated with taste and digestive processes whereas the ventral vagal has control of the larynx, pharynx, bronchi, esophagus, and heart. If upregulated, the dorsal vagal contributes to ulcers, colitis, and gastric secretion. The ventral vagal is sensitive to caregiver responses and has a central role in self-regulation (van der Kolk, 2003). A deficient PNS modulatory response is associated with a lack of responsiveness to interpersonal comfort and dissociative states. The vagus nerve becomes activated leading to the slowing of heart rate and a drop in blood pressure (Diseth, 2005; Glaser, 2000).

Functional Abnormalities

In childhood, the brain's ability to share information across the two hemispheres is compromised because of the immaturity of the corpus callosum (CC) (Weber & Reynolds,

2004). The CC is the primary pathway connecting the right and left hemispheres (van der Kolk, 2003). Early stress exerts a strong influence on the degree of right and left brain integration (Teicher, Anderson, Polcari, Anderson, Navalta, & Kim, 2003). Not surprisingly, childhood trauma is associated with diminished right-left brain integration (van der Kolk, 2003). Teicher, Dumont, Vaituzis, Giedd, and Anderson (2004) indicate that early trauma is associated with decreased CC size in children contributing to diminished communication between the hemispheres. The ability to evaluate, identify, and communicate affect is dependent on interaction between the hemispheres (Weber & Reynolds, 2004).

Diseth (2005) highlights EEG findings that hemispheres function more autonomously in trauma memory recall and exposure studies. There is a marked hemispheric lateralization associated with greater right-sided brain activity. Trauma memories are stored in the right hemisphere which is responsible for nonverbal emotional communication, emotional arousal, and negative emotions. This may result in an increased emotional-based style and a decreased problem-solving style (Diseth, 2005). Left-sided brain dysfunction has also been implicated in childhood trauma (Weber & Reynolds, 2004). For example, research has found a significant association between childhood trauma and EEG abnormalities in the left frontal and temporal brain regions, indicating limbic dysfunction (Diseth, 2005; Glaser, 2000).

Structural Abnormalities

Neuroimaging studies have shown brain size reduction in some children exposed to trauma. Early trauma is associated with reduced total cerebral volume and reduced corpus callosum (CC) volume which may be linked to emotional problems, PTSD, and dissociative symptoms (Diseth, 2005). Teicher, Tomoda, and Anderson (2006) found a substantial reduction in midsagittal areas of the CC in psychiatrically ill children with histories of abuse or neglect,

with males more affected than females. MRI scans have shown smaller cerebral volumes in the total midsagittal area of the CC as well as middle and posterior regions (Glaser, 2000). In addition, gray matter volume has found to be significantly reduced by 12.6% and 18.1% in right and left primary visual cortex of adult females with histories of childhood sexual abuse. These reductions were significantly associated with the duration of childhood sexual abuse before age 12 (Tomoda, Navalta, Polcari, Sadato, & Teicher, 2009).

There are inconsistent clinical findings on the effects of trauma on hippocampal volume. Research suggests a decrease in left hippocampal volume in individuals with PTSD whereas the right hippocampus is relatively unaffected (van der Kolk, 2003). A reduction in hippocampal volume was found in adults with histories of child abuse; however, no significant differences were found in children (Teicher et al., 2003; 2006). To account for these differences, it is postulated that early trauma may exert an effect on brain development that emerges at a later stage of brain development (Teicher et al., 2006).

The Limbic System

The limbic system is responsible for the regulation of emotions vital for self-preservation, homeostasis, procreation, parenting, and play (van der Kolk, 2003; Weber & Reynolds, 2004). Its role is to filter sensory input to determine what information is relevant for further processing (van der Kolk, 2003). The limbic appraisal system bypasses cortical activation which allows for swift but irrational emergency responses (van der Kolk, 2003). This complex set of brain regions impact behaviour, memory, emotions, attention, arousal, learning and sexual behaviour (Weber & Reynolds, 2004).

Amygdala. The amygdala appraises complex information and organizes self-protective behaviour by initiating autonomic responses (van der Kolk, 2003). This brain region plays a

crucial role in fear conditioning, the formation of emotional memory, and the control of aggressive and sexual behaviours (Diseth, 2005; Weber & Reynolds, 2004). Overstimulation of this area may lead to persistent kindling and neuron excitability resulting in hyperarousal symptoms (Diseth, 2005). This region is implicated in major depression and PTSD, as it triggers the fight or flight response, contributing to both episodic dyscontrol and impulsive violence (Teicher et al., 2003). In traumatized individuals, the amygdala activation in response to sensory stimuli may cause misinterpretation of a neutral stimulus as a threat which precipitates an inappropriate fight, flight, freeze response (van der Kolk, 2003).

Hippocampus. The hippocampus has a critical role in memory function, spatial learning, and behavioural inhibition (Weber & Reynolds, 2004). The high density of glucocorticoid receptors in the hippocampus suggests that it also has a role in emotion regulation (van der Kolk, 2003). Prolonged stress produces memory deficits from damage to hippocampal neurons. Dysfunction of the hippocampus affects interpretation of incoming stimuli as well as the proper categorization and evaluation of experience (Weber & Reynolds, 2004). Early trauma affects the hippocampus which makes children vulnerable to misinterpret sensory information towards danger and threat (van der Kolk, 2003). In cases of extreme stress, there is failure of hippocampal memory processing resulting in an inability to integrate incoming sensory input into a coherent autobiographical narrative. These sensory elements of experience are unintegrated and likely to return during flashbacks, which occur when an adequate number of sensory elements of the trauma are activated by current reminders (van der Kolk, Hopper, & Osterman, 2001). Cognitive impairments, dissociation, and lack of coping resources are associated with hippocampal damage (Weber & Reynolds, 2004). Alterations in this region may be linked to amnesic, dissociative, anxiogenic and disinhibitory aspects of PTSD. The

hippocampus may be associated more so with problems in dissociative symptoms than declarative memory (Teicher et al., 2003).

Prefrontal Cortex

The prefrontal cortex (PFC) is responsible for executive functioning and inhibitory behaviours that include planning, attention, judgement, meaning making, and controlling impulsivity (Diseth, 2005; Weber & Reynolds, 2004). The PFC develops slowly with myelination taking place in the third decade of life, making this area particularly vulnerable to the effects of early trauma (Teicher et al., 2003; Weber & Reynolds, 2004). Impaired function of the PFC is associated with problems in planning and organization, working memory, inhibition of inappropriate responses, and attention to distractions (Weber & Reynolds, 2004). Traumatized individuals tend to struggle to carry out many of these functions. For example, individuals with PTSD perform more poorly on attention and executive functioning tasks than healthy controls. Antisocial and aggressive behaviour are also related to functional deficits in the PFC (van der Kolk, 2003).

Developmental Considerations

There are significant developmental changes in cognition and memory from infancy to adulthood; with marked age differences in the accuracy of memory and the amount of information recall (Cordón, Pipe, Sayfan, Melinder, & Goodman, 2004). Information processing skills and the efficiency of information acquisition improve with age. Notable changes include the speed of encoding and retrieval, flexibility in the use of strategies, and increased knowledge about the world. Prior knowledge as well as the strength and organization of representations are examples of age-related factors that influence what one can remember (Ornstein, Ceci, & Loftus, 1998).

Early trauma can create physiological changes in the neural processes related to cognition, emotion, and memory. Dysregulation of the HPA axis may involve hyper or hypo functioning, both of which can adversely affect memory development. Hypercortisolism (elevated cortisol levels) often occurs in response to acute stress, whereas hypocortisolism (suppressed cortisol levels) can result from chronic trauma, exerting negative effects on memory (Cicchetti, Rogosch, Howe, & Toth, 2010). The effects of stress on memory performance depend on the timing, duration, and severity of the stress as well as the age and developmental stage of the individual (Cordón et al., 2004; Nelson & Carver, 1998; Ornstein et al., 1998). Early attachment relationships and the developmental stage that trauma occurs are relevant to the processing of the material to be remembered. Furthermore, the level of development in language and understanding of self can affect subsequent recall of the trauma (Toth & Cicchetti, 1998).

Memory is a fluid and complex system that involves the encoding, storage, and retrieval of information (Ornstein, Ceci, & Loftus, 1998). There are two major types of memory which are subserved by different memory systems (Nelson & Carver, 1998). Explicit or declarative memory refers to the conscious awareness of facts or events that an individual has experienced, whereas implicit or non-declarative memory includes memory of skills, emotional responses, and reflexive actions that are not consciously recalled (van der Kolk, 1994). One perspective suggests that memory is a unitary process in which both implicit and explicit memory systems are functional early in life. The other perspective proposes that there are different developmental trajectories for implicit and explicit memory systems. According to this view, infants have an early implicit memory system that is functional at birth, whereas the late memory system develops over the first few years of life and represents conscious forms of memory (Cordón et al., 2004). The neural structures (ie. hippocampus and rhinal cortex) that subserve explicit

memory do not develop until near the age of one and undergo immense changes over a number of years. It is postulated that early memories are imprinted in storage without conscious access to them. The memories are experienced physiologically but not verbally (Nelson & Carver, 1998). The verbal recall of memories emerges with the development of language skills, socialization, and cognitive processing (Cordón et al., 2004). The neural systems involved with long-term memory do not mature until after age two, creating difficulty in consciously recalling information. Early stress may lead to long-term memory impairments if the trauma occurs before the hippocampus is fully mature (Nelson & Carver, 1998).

Infant or childhood amnesia refers to a lack of conscious explicit memory for events that occur in early childhood, which makes it problematic for older children and adults to recall events encoded during preschool years (Cordón et al., 2004; McNally, 2005). With the limited cognitive and linguistic skills of young children and the dramatic changes in cognitive organization that occur with development, it is difficult for the retrieval of early life encodings in adulthood (Ornstein et al., 1998). Traumatic events occurring before age three are not likely to be consciously recalled later and may manifest as behavioural and emotional responses in the form of non-verbal implicit memory. Early memories rarely become part of adult autobiographical memory (Cordón et al., 2004), which can create challenges in processing memories of early trauma later in life.

Complex Trauma

Complex trauma is the term used to describe the experience of multiple and prolonged adverse traumatic events, most often occurring at developmentally vulnerable times and within the caregiving system (van der Kolk, 2005). These experiences of extreme distress may be life-threatening, terrifying, or physically violating for the young person who cannot escape such

situations (Ford & Courtois, 2009). The child becomes focused on survival, seeking to anticipate, prevent, or protect against injury from potential or actual dangers (Ford, 2009). Individuals exposed to early interpersonal victimization are at significant risk for pervasive developmental and long-term trauma reactions that affect cognitive, behavioural, affective, relational, and psychiatric functioning (Arvidson et al., 2011). Complex posttraumatic reactions may lead to changes in the mind, body, and relationships compromising one's attachment security, self-regulation, and self-integrity (Ford & Courtois, 2009).

Effects of Early Trauma

The specific symptoms associated with trauma exposure depend on the age and developmental stage of the child (Courtois, 2008; Perry, 2009), the frequency (van der Kolk, 2003), severity, and duration of the trauma (Briere & Jordan, 2009; Cloitre et al., 2009; Faust & Katchen, 2004). It is suggested that trauma has the most pervasive effects during the first decade of life (van der Kolk, Roth, Pelcovitz, Sunday, & Spinazzola, 2005). Exposure to trauma at an early age is associated with more complex posttraumatic outcomes than late onset interpersonal victimization (Cloitre et al., 2009; van der Kolk et al., 2005). A number of research studies have found a dose-response relationship between the number of traumas and symptom complexity (Briere et al., 2008; Cloitre et al., 2009; van der Kolk et al., 2005). Cumulative childhood trauma is associated with more complex reactions and significantly influences the presence of symptoms in adulthood (Cloitre et al., 2009).

Complex posttraumatic reactions may include persistent alterations in seven areas of functioning following exposure to early prolonged traumatic stress: (1) affect and impulse regulation (i.e. chronic distress, self-harm); (2) attention and consciousness (i.e. dissociation); (3) self-perception (i.e. profound guilt or shame); (4) perception of perpetrator (i.e. idealization or

preoccupation with revenge); (5) relationship to others (i.e. inability to trust, revictimization); (6) somatization and/or medical problems (i.e. pain or physical symptoms); and (7) systems of meaning (i.e. hopelessness) (Courtois, 2008; Ford & Courtois, 2009; Herman, 1992). This broad set of self-regulatory impairments was first conceptualized by Herman (1992) as Complex Posttraumatic Stress Disorder (CPTSD) or Disorders of Extreme Stress Not Otherwise Specified (DESNOS) (Pelcovitz, van der Kolk, Roth, Mandel, Kaplan, & Resnick, 1997; van der Kolk et al., 2005).

Diagnostic Conceptualization

Posttraumatic Stress Disorder (PTSD) was first included in the third edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III) as a formal diagnosis to describe the symptoms of combat troops returning from Vietnam (American Psychiatric Association [APA], 2000). The diagnostic criteria for PTSD requires that an individual either experienced or witnessed an event(s) involving threats to life or the bodily integrity of the self or others. An individual's response to this traumatic event involves intense fear, helplessness, or horror resulting in a symptom triad consisting of persistent re-experiencing, avoidance or numbing, and increased arousal responses. These disturbances cause an individual significant distress or impairment in a number of areas of functioning, lasting longer than one month (APA, 2000). PTSD may range from short-term acute responses to those that are delayed or chronic and refractory to treatment (APA, 2000; Ford & Courtois, 2009).

The PTSD diagnosis was created despite opposition from the Department of Veteran Affairs (VA) whose stance was that war experiences had no link to veterans' pathology. The VA argued that PTSD developed in veterans with genetic abnormalities or childhood disorders opposed to war experiences. Consequently, the diagnostic criteria for PTSD focused on memory-

related symptoms which could be linked to specific traumatizing war experiences instead of other major symptoms. Criterion B symptoms, including nightmares and flashbacks, became the central focus of PTSD, creating a lot of controversy in the field because these symptoms were not consistent with the clinical presentation of individuals with histories of childhood abuse. The emphasis on memory-related symptoms has resulted in treatments focused on resolving traumatic memories opposed to treatments targeting problems with attention, arousal, and engagement (van der Kolk & Najavits, 2013).

Psychiatric problems that do not fit within the framework of PTSD are typically referred to as comorbid conditions (van der Kolk et al., 2005). The National Comorbidity Survey (NCS) revealed high comorbidity between PTSD and other psychiatric disorders. In particular, 84% of individuals with PTSD met criteria for an additional lifetime disorder and were eight times more likely to have three or more disorders than individuals without PTSD (Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995). Axis I comorbid disorders in the DSM-IV often include anxiety, mood, and substance use disorders (SUD), whereas common Axis II comorbid disorders consist of Borderline Personality Disorder, Schizotypal Disorder, and Antisocial Personality Disorder (Ford & Courtois, 2009). Individuals exposed to early trauma often meet diagnostic criteria for a variety of psychiatric problems which only captures a limited aspect of the traumatized individual's complex self-regulatory and relational impairments (Cook et al., 2005; van der Kolk et al., 2005). Survivors of childhood abuse are frequently misdiagnosed and may be mistreated in the mental health system (Herman, 1992).

The complex and long-term effects of multiple traumas are not well represented in the definition of PTSD (Ford & Courtois, 2009; Herman, 1992). A diagnosis of PTSD does not adequately describe the pervasive and developmental effects of childhood trauma (van der Kolk

et al., 2005), nor does it accurately describe the complex reactions experienced by survivors of prolonged childhood abuse (Courtois, 2008). Complex trauma results in more diverse consequences in areas of affect regulation, consciousness, self-perception, and relationships. This constellation of trauma-related symptoms is more accurately represented by Complex Post Traumatic Disorder (CPTSD) or Disorders of Extreme Stress (DESNOS) (Courtois, 2008). Resick et al., (2012) note that although CPTSD and DENOS are often used interchangeably, they are not entirely synonymous. For example, it is suggested that definitions of CPTSD typically include PTSD symptoms and associated features, while DESNOS represents those symptoms not included in the criteria for PTSD.

A goal of the DSM-IV field trial was to determine whether victims of chronic interpersonal trauma met diagnostic criteria for PTSD or their symptomology was more accurately captured by DESNOS symptoms. The results indicate that participants who experienced early onset abuse were more likely to have a lifetime prevalence of PTSD and DESNOS than of PTSD alone. Furthermore, the longer exposure to trauma resulted in greater frequency of PTSD and DESNOS symptomology (van der Kolk et al., 2005). These findings provide support for the argument that exposure to prolonged trauma, beginning at an early age and interpersonal in nature can lead to outcomes that are qualitatively different than single event traumas, often affecting multiple affective and interpersonal domains that are beyond PTSD symptomology (Cloitre et al., 2009; van der Kolk et al., 2005). Although the findings from the field trial provided significant support for the inclusion of the CPTSD/DESNOS diagnosis in the DSM-IV, it was not formally included as a diagnostic category, leaving a large population of traumatized individuals without a diagnostic home (van der Kolk & Navajits, 2013).

In an effort to improve psychiatric diagnosis and classification for trauma-related disorders, the DSM-5 incorporates several changes to the diagnostic criteria for PTSD. For example, Criterion A is more explicit about what defines a traumatic event. The onset of PTSD may be triggered by directly experiencing or witnessing actual or threatened death, serious injury, or sexual violence. Repeated exposure to aversive details of a traumatic event or learning about a traumatic event experienced by a close family member or friend is also included in Criterion A. In addition, there is a greater focus on the behavioural symptoms associated with PTSD, resulting in four distinct symptom clusters: re-experiencing, avoidance, negative cognitions and mood, and arousal. The re-experiencing and avoidance clusters retain most of the DSM-IV symptoms, whereas there are new or reconceptualized symptoms included in the negative cognitions and mood and arousal clusters. Re-experiencing is described as intrusive memories, recurrent dreams, flashbacks, or other prolonged psychological distress. Avoidance refers to distressing memories, thoughts, feelings or other external reminders of the traumatic event. Negative cognitions and mood can include persistent negative beliefs or emotional states, a distorted sense of blame, estrangement from others, a diminished interest in activities, or the inability to remember important parts of the traumatic event. Alterations in arousal and reactivity may take the form of aggressive, reckless or self-destructive behaviour, in addition to, sleep disturbances, hypervigilance or related problems (APA, 2013). While these changes reflect an improvement in the PTSD diagnostic criteria, there continues to be limited attention on the relational and physical symptoms characteristic of prolonged early trauma exposure.

The lack of accurate and comprehensive diagnostic conceptualization has serious consequences for treatment because the survivor's trauma experience may be lost as survivors often accumulate several diagnoses before the underlying problem of complex post trauma is

recognized (Herman, 1992; 1997). The phenomenological differences between PTSD and DESSOS symptoms have important treatment implications. It is likely that relegating posttraumatic symptoms to comorbidities may interfere with an effective treatment approach. For example, treatment for PTSD is often geared towards the processing of specific trauma memory, whereas for individuals with DESSOS the functional impairment due to the loss of emotional regulation, dissociation, or interpersonal problems may be the primary focus in treatment (van der Kolk et al., 2005). Treatment must attend to the full range of domains that are currently relegated to other comorbidities.

Assessment

The assessment and treatment for complex cases of trauma differs from PTSD; therefore, comprehensive assessment strategies and a variety of treatment approaches are necessary. A psychosocial assessment for trauma consists of a trauma history looking at functional and self-regulatory impairment, patterns of re-victimization, posttraumatic or dissociative symptomology, as well as personal resources and resilience (Courtois, 2008). The trauma history assesses recent trauma experiences as well as chronic effects of childhood abuse or early attachment disruption. Interviews are an important part of the assessment process to observe the client's clinical presentation and to discuss presenting issues as well areas of strength (Briere & Spinazzola, 2005).

Given the varied and diverse complex trauma outcomes, it is essential to assess for safety issues in the individual's current life and how those issues may create barriers to treatment. The identification of current risks or survival concerns will help to inform treatment needs. Safety is assessed on the absence of danger from the self or others as well as the presence of protective and caring relationships. The assessment should address what it means for an individual to feel

safe and actually be safe as well as one's control over his or her survival responses (Ford, 2009). To help prioritize treatment goals, it may be useful to identify how survival concerns have impacted an individual's emotional and information processing (Briere & Spinazzola, 2009).

In addition to a structured interview, there are a range of assessment tools for PTSD and CPTSD that may be clinically useful (Courtois, 2008). A broad-spectrum of screening instruments can be used to assess a number of different areas of symptoms simultaneously. Generic measures for adults may include the Millon Clinical Multiaxial Inventory-III (MCMI-III), Minnesota Multiphasic Personality Inventory-2 (MMPI-2), and Personality Assessment Inventory (PAI) along with a number of trauma-specific measures directed at specific symptom clusters (Briere & Spinazzola, 2005). Some examples include: Clinician Administered PTSD Scale; Impact of Event Scale-Revised (IES-R); Detailed Assessment of Posttraumatic States (DAPS); Trauma Symptom Inventory (TSI); Posttraumatic Stress Diagnostic Scale (PDS); Structured Interview for Disorders of Extreme Stress (SIDES); and Dissociation Experiences Scale (DES) (Courtois, 2008). It is recommended that at least two screening instruments are used for complex posttraumatic symptoms in adults. That is, one for general psychological symptoms and at least one trauma specific measure (Briere & Spinazzola, 2005). Specialized assessments may need to be repeated throughout the course of treatment as posttraumatic or dissociative symptoms may surface later (Courtois, 2008).

Assessment approaches to complex posttraumatic responses must be sensitive to cultural differences, taking into consideration the relevance and applicability of psychological measures. De Jong, Komproe, Spinazzola, van der Kolk, and Van Ommeron (2005) explore the cross-cultural measurement equivalence of the SIDES and DESNOS construct. Participants from Algeria, Ethiopia, and Gaza were assessed for DESNOS symptoms using the SIDES interview.

The results indicate that a number of symptoms were rarely endorsed in the participating countries when compared to those in the DSM-IV field trial. The authors did not establish interrater reliability, and as such, question the cross-cultural validity of the SIDES.

Recommendations for a cross-cultural diagnostic construct should distinguish type A (core symptoms cross culturally), type B (symptoms unique to a culture), and type C (expressions of culture specific processes that have specific symptoms). Further research is necessary on the cross-cultural applicability of psychological measures specific to complex posttraumatic symptoms. Respect for the individual's values and sensitivity to cultural differences is of utmost importance throughout the assessment and treatment process.

Treatment

Although treatment for complex trauma is in the early stages of development, there are guidelines that recommend a phase-based approach that integrates a variety of therapeutic interventions in each phase of treatment (Cloitre, Courtois, Charuvastra, Carapezza, Stolbach, & Green, 2011; Luxenberg et al., 2001). It is suggested that practitioners incorporate flexible, client-centered treatments where interventions are matched to prominent issues (Cloitre et al., 2012). Treatment is multimodal and skill-focused to provide individuals with symptom relief and functional improvement in a number of domains (Korn, 2009). The literature highlights three guiding phases of treatment for trauma survivors: (1) stabilization, (2) processing and grieving of traumatic memories, and (3) reconnection or reintegration with the world (Luxenberg, et al., 2001).

Phase one treatment: Stabilization. The first task of treatment is establishing safety to restore power and control for the survivor. No other therapeutic work should be attempted until stabilization has been achieved. Safety encompasses control of one's body, the environment, and

relationships with others. The inclusion of basic health needs and the regulation of bodily functions such as sleep, eating, exercise, control of self-destructive behaviours, and management of posttraumatic symptoms are key elements in this phase. Environment issues are directed at the establishment of a safe living situation, self-protection strategies, and a social support system. It is important to explore important relationships for the survivor and address potential dangers such as self-harm, risk taking behaviours, or dependency on the offender (Herman, 1997). Treatment is focused on creating trust, affect regulation and grounding techniques, skill-building, education, self-care, and support (Courtois, 2008). This phase of recovery may take weeks to years and is often complicated by the severity, duration, and onset of the trauma (Herman, 1997). Some survivors may not move beyond the first phase of recovery or have any need to complete the other phases (Courtois et al., 2009).

Phase two treatment: Trauma processing. In the second phase of treatment, the survivor processes the traumatic material so that it can become integrated into the survivor's life story. The decision to confront past trauma lies with the survivor and the therapist takes on the role of witness and ally. The preservation of safety must be a priority during this phase of recovery. Reconstructing the trauma story begins with a review of life before the trauma, with consideration of important relationships, values, dreams, and struggles of the survivor. The trauma story is reconstructed as a recitation of fact, providing a detailed verbal account oriented in historical context and time. The narrative includes descriptions of the event, along with the feelings and responses of the survivor and those who are important to the survivor. A central component of this process is to review the meanings attached to the trauma, and how it relates to the survivor's previous values and those beliefs the trauma destroyed (Herman, 1997). The objective in processing traumatic memories is to desensitize the intense negative affect

associated with such memories. The memories shift from being the focal point of one's life to a set of experiences understood in a broader context. By processing these memories, individuals may experience alterations in meaning systems, perceptions of others, and their expectations in relationships. There are a number of exposure and narrative techniques such as: Eye Movement Desensitization and Reprocessing (EMDR), Prolonged Exposure (PE), Stress Inoculation Training (SIT), Cognitive Processing Therapy (CPT), guided imagery, imaginal rescripting, and narrative telling or writing that may be used to directly address issues related to the trauma. The goal is to process the emotions associated with the trauma to a point of some resolution (Luxenberg, et al., 2001).

Effects on clients. A critical issue regarding Phase Two interventions includes treatment-induced decompensation for individuals with complex trauma. The introduction of trauma processing techniques before the attainment and maintenance of stabilization can lead to flooding, hyperarousal, and sensitization (Luxenberg et al., 2001; van der Kolk, 2001). Individuals may become affectively overwhelmed by the recovery of contained traumatic memories without sufficient coping resources to tolerate the memories (Luxenberg et al., 2001). It is possible that for some individuals no amount of work to stabilize and improve self-regulatory capacities will be adequate enough to prepare them for trauma processing. The mental and physical well-being of an individual should never be compromised by efforts to master trauma memories (Ford, Courtois, Steele, van der Hart, & Nijenhuis, 2005).

Exposure and flooding can be harmful treatment techniques for individuals with complex trauma. Exposing survivors too directly to traumatic memories may strengthen anxiety and aggravate PTSD symptoms. Excessive arousal interferes with the acquisition of new information possibly exacerbating PTSD symptoms. When this takes place, trauma memories may be

confirmed and not corrected, leading to sensitization. Treatment should not create a full reactivation of the helplessness of past trauma. Effective treatment helps individuals to be fully present without dissociating or becoming hyperaroused (van der Kolk, 2001). Some of the adverse outcomes linked to exposure-based treatments with complex trauma include extreme anger, guilt and shame, attitudes of mental defeat, as well as feelings of alienation and being permanently damaged (Luxenberg et al., 2001).

Treatment issues. There are a number of controversial issues regarding trauma processing in Phase Two treatment. A key issue is who is responsible to determine the timing for starting this phase of therapy. Some therapeutic approaches rely on the therapist to decide when to begin, while other approaches are more collaborative with ongoing discussions about the individual's readiness to engage in trauma processing. It may be beneficial for the client to discuss the purpose of examining traumatic memories with the therapist. This can help to decrease anxiety or false hopes and allow the client to develop realistic goals about this type of treatment (Ford et al., 2005). The decision to begin work on trauma processing should be based on each individual's life circumstances and one's wish to engage in such work (Luxenberg et al., 2001).

The question of how traumatic memories are recalled and processed therapeutically is a complex issue. With recent developments in the neurobiology of trauma, cognition, emotion, and memory, there are mixed views on the appropriateness of exposure interventions with complex trauma survivors (Ford et al., 2005). The revisiting of traumatic memories is an extremely sensitive task that may not encourage client engagement, responsiveness, or retention in treatment. While the narration of trauma memories is viewed as a highly effective intervention by a group of expert clinicians on best practices for complex PTSD, there is mixed ratings on its

safety and acceptability (Cloitre et al., 2011). Cloitre and colleagues (2002) acknowledge that exposure-based interventions can result in symptom exacerbation, high dropout rates, and compliance problems. Despite the strong empirical support for exposure-based interventions with PTSD, they are rarely used in practice (Schottenbauer, Glass, Arnkoff, Tendick, & Gray, 2008).

Another area of concern is when and if therapy should focus directly on trauma memories (Ford et al., 2005). Some treatment approaches do not recommend recall of traumatic memory (Courtois et al., 2009) and other approaches argue that trauma processing may not directly require exploration of traumatic memories. Instead, interventions focus on skills to help individuals understand symptoms and manage current functioning. It is important to explore if there a need for a trauma processing and consideration of individual factors such as one's self-regulatory capacities. Typically Phase Two continues until PTSD symptoms are manageable for the individual. Intense affective states, such as shame or rage, can emerge so therapists must assess the individual's self-regulation during and between counselling sessions (Ford, Courtois, Steele, van der Hart, & Nijenhuis, 2005). This stage of recovery may not be safe or appropriate for all survivors and great caution must be taken in the timing, sequencing, and pacing of this intervention (Cloitre et al., 2011).

Issues of safety and stabilization are likely to resurface during the processing phase, requiring treatment to return to a focus on stabilization before processing work continues. It is critical that practitioners pay careful attention to any signs of distress or dissociation during the processing of traumatic memories. Individuals who experience high levels of dissociation lack the stabilization required to engage in the integrative work of memory processing (Luxenberg et al., 2001). The memory for trauma may be less accessible to conscious recollection for these

individuals (Cordón et al., 2004). While the goal of trauma processing is to integrate split-off aspects of the self and the traumatic experience, integration may not be possible for some survivors.

Phase three treatment: Reconnection and reintegration. In the third phase of treatment, issues of the first phase are often revisited as survivors are now ready to actively engage in the world and incorporate lessons of the trauma into their life. Survivors take concrete steps to regain their sense of personal power and control, protect themselves against future danger, and reconnect with others (Herman, 1997). This stage includes work around life consolidation and restructuring that is achieved through self and relational development and enhanced daily living. The client gains awareness and builds on the skills learned in the previous phases (Courtois, 2008). The individual is no longer controlled by the past and the task is now to become the person he or she wants to be. This often includes focusing on issues of identity and intimacy. The survivor has some capacity for appropriate trust and the ability to set boundaries in relationships. Some individuals may be motivated to seek out a survivor mission that involves social action or the pursuit of justice (Herman, 1997).

Mental Health Implications

The relationship between early trauma and psychosocial difficulties is well documented. Mental health outcomes associated with child maltreatment include emotion dysregulation and avoidance responses, chronic interpersonal difficulties, as well as disturbances in mood, cognition, and identity (Briere & Jordan, 2009). To address these complex trauma outcomes, a flexible adaptation of treatment strategies is required in response to each individual's age, gender, culture, ethnicity, socioeconomic status, and religious or community affiliation. The use of multiple intervention strategies may be necessary to relieve symptoms and improve social

competence and emotion regulation. Interventions that build on individual strengths can enhance one's self-esteem and sense of mastery (Cook et al., 2005).

Affect and Impulse Regulation

After exposure to repeated trauma, individuals may struggle with expressing and modulating a range of emotions. Some individuals become overwhelmed or have extreme reactions to minor stressors. They often lack self-soothing capacities which can contribute to disturbances in mood such as anxiety or depression (Luxenburg et al., 2001). Trauma survivors tend to have difficulty tolerating or controlling negative internal states, often leading to self-destructive or harmful behaviours (Briere & Jordan, 2009; Luxenburg et al., 2001). Tension reduction behaviours, aimed to reduce negative internal states may include aggression, suicidality, compulsive sexual behaviour, binge-purge eating, or self-mutilation (Briere & Jordan, 2009).

The trauma literature recognizes dysfunctional avoidant behaviours, including substance abuse, self-harm, and dissociation, as an attempt to cope with overwhelming internal states due to triggers or chronic posttraumatic emotional distress (Briere, Hodges, & Godbout, 2010). Briere and colleagues (2010) explore the relationship between interpersonal trauma and dysfunctional avoidant behaviours in a study of 418 participants who report lifetime exposure to one or more traumas. The results indicate that exposure to accumulated interpersonal trauma is significantly associated with dysfunctional avoidance. Such behaviours are reinforced by one's reduced capacity for affect regulation. This supports the idea that avoidant behaviours are functional in reducing emotional distress and perhaps even life saving for some individuals who have experienced prolonged trauma.

Cognitive-Behavioural Approaches. Skills Training in Affective and Interpersonal Regulation (STAIR) Narrative Therapy is a cognitive-behavioural treatment approach to target emotion regulation and interpersonal skills. This phase-based manualized treatment was originally developed to treat PTSD (Cloitre, Koenen, Cohen, & Han, 2002; Landes, Garovoy, & Burkman, 2013). Interventions are based on Dialectical Behaviour Therapy (DBT) and CBT principles and the sessions are designed to focus on a specific skill deficit understood within the context of trauma. Skill training precedes trauma narration or other exposure techniques. Another application of this approach is STAIR-modified PE in which the first phase of treatment targets emotion regulation and interpersonal skills, followed by continued skills training and imaginal exposure to trauma in the second phase. In a study of STAIR-modified PE, significant improvements were found in affect regulation, interpersonal skills, and PTSD symptoms. These improvements were maintained at 3 months and 9 months post-treatment (Cloitre et al., 2002).

DBT is a mindfulness-based approach that may be beneficial for the treatment of complex trauma-related problems in adults that extend beyond PTSD. DBT is a principle (theory) driven approach that is guided by behaviour theory, biosocial theory, and the theory of dialectics. There are assessment and treatment strategies to target a number of problems in an idiographic and systematic manner. Behavioral analysis is used to determine a precise description of the problematic behaviour and interventions may include skills training, exposure, contingency management, and cognitive restructuring. Direct treatment of trauma-related issues occurs when individuals have the capacity to tolerate more intense emotional experiencing (Wagner et al., 2007).

Seeking Safety (SS) is an integrated cognitive-behavioural therapy for individuals with PTSD and SUD (Landes et al., 2013; Zlotnick, Najavits, Rohsenow, & Johnson, 2003). It is a

first stage treatment focused on stabilization, coping skills, and the reduction of self-destructive behaviours. Treatment includes 25 topics that address cognitive, behavioural, interpersonal, and case management needs. In a pilot study with a group of incarcerated women, significant improvements in PTSD symptoms were reported at post-treatment. Furthermore, at six weeks post release there was a significant decrease in the severity of substance use among those participants (Zlotnick et al., 2003). It is recommended that treatment for clients with trauma and substance misuse problems run concurrently to provide the most effective symptom relief and behaviour change as needed. Integrated models can be particularly useful for ambivalent clients and these models have shifted earlier assumptions that trauma cannot be treated when individuals may still be actively using (Litt, 2013).

Limitations. CBT and Psychodynamic Therapy (PDT) are focused on understanding and insight, lacking attention on the experience and interpretation of disrupted physical sensations and physical action patterns. Understanding and insight are usually not sufficient to prevent traumatized people from feeling and behaving as if they are traumatized again and again (van der Kolk, 2006). Treatment that is focused on describing trauma experiences in talk therapy may activate implicit memories (ie. trauma-related physical sensations) and physiological hypo-hyperarousal which can produce feelings of helplessness, fear, shame, and rage. These experiences may reinforce feelings that it is still not safe for the individual to deal with the trauma. Trauma survivors are likely to experience the present with physical sensations and emotions associated with the past, which informs how they react to events in the present. It may be more beneficial to direct treatment on increasing one's self-awareness and physical self-experience, instead of focusing on the meaning one makes of his or her experiences (van der Kolk, 2006; 2009).

Pharmacotherapy. Pharmaceutical drugs help address some of the neurochemical problems associated with PTSD (van der Kolk, 2006) and may help individual's modulate certain emotions or behaviours to be able to make effective use of therapy (Luxenberg et al., 2001). However, it is important to note that drug treatment does not correct the abnormalities underlying the emotions and behaviours (van der Kolk, 2006). Individuals can learn how to use medications in conjunction with strategies in therapy. Selective serotonin reuptake inhibitors (SSRI) are considered effective first-line agents for the treatment of core PTSD symptoms. They are generally tolerated well and improve one's capacity to observe emotional reactions without automatically acting on them. However, SSRI's are often not enough to treat or contain severe symptoms. Other agents that may be required for more severe symptoms include mood stabilizers, antipsychotics, stimulants, or Benzodiazepines. Due to the complex symptomology, further research is necessary on the efficacy of pharmacotherapy in treating complex trauma (Luxenberg et al., 2001).

Dissociation

Trauma may also cause a form of amnesia or dissociation described as the numbing or blocking of information and intrusive thoughts to cope with traumatic experiences (Williams, 2006). When an experience becomes too overwhelming for an individual, information may not be integrated and certain elements of the experience may split off from one another. Individuals exposed to chronic trauma may have a limited ability to access certain information and they can appear to space out or retreat within themselves when threatened by reminders of the trauma (Luxenburg et al., 2001). Dissociative experiences can vary from persistent forgetfulness to behaviours in which one has no memory or recollection of events (Luxenberg et al., 2001). Van der Hart, Nijenhuis, and Steele (2005) suggest that maladaptive action patterns resulting from

early trauma inhibit coordination and integration among different action systems, leaving them vulnerable to dissociation. The defensive action system involves a number of subsystems including hypervigilance, fight, flight, freeze, or complete submission. It is proposed that the integration between defensive and daily life systems will fail in the context of extreme stress which will reduce integrative capacity. In complex dissociation, there is fragmentation of the individual's sense of self and sensory-perceptual awareness, thoughts, feelings and memories that are not cohesive or coordinated. Although the goal of treatment is to increase integrative capacity to help individuals better manage inner and outer experiences (Steele & van der Hart, 2009), integration may not be possible for some survivors.

Mindfulness. Mindfulness, commonly associated with Buddhist meditation, improves one's ability to stay in the present moment (Zerubavel & Messman-Moore, 2015). Shapiro, Carlson, Astin, and Freedman (2006) describe mindfulness as a state of consciousness, "the process of intentionally attending moment by moment with openness and nonjudgementalness" (p. 378). The practice of mindfulness includes techniques and metacognitions that facilitate internal shifts within an individual (Zerubavel & Messman-Moore, 2015). The core techniques include intentionally harnessing attention and holding present moment awareness which help to regulate autonomic arousal. Mindful metacognitions involve acceptance, compassion, and understanding that things are as they are. Individuals are encouraged to let go of evaluating experiences as good or bad. This openness facilitates change in avoidance and emotional reactivity and improves the return to baseline rates following extreme emotional experiences. In addition to being an emotion regulation intervention, mindfulness can provide individuals with techniques to increase awareness and control over dissociative experiences and remain in the present moment. Grounding is a key mindfulness technique used to help individuals attend to

sensory input in an effort to interrupt or prevent dissociative states (Zerubavel & Messman-Moore, 2015).

Imagery. Guided imagery may be a useful technique for complex dissociative and trauma disorders in Phase One treatment. It is suggested that an individual's capacity for imaginative involvement can be used for healing purposes. Some specific techniques that may be useful in establishing safety include imaginary protective gear, inner safe places, and the containment of traumatic memories. Creating an imaginary meeting place or inner community building can promote cooperation among divided parts. These parts may visit one another or get together to negotiate goals for the individual. It is suggested that most of these techniques can be applied in Phase Two treatment as well. Guided imagery during Phase Three may shift to include fusion among parts as well as grief work or overcoming phobias. Consideration of safety and timing in the application of guided imagery is important in practice. Client willingness to engage in these techniques may not always be the case. Guided imagery techniques may have positive effects in practice; however, there is currently a lack of empirical data on the efficacy of these specific interventions and their application in the three phases of treatment for complex trauma (van der Hart, 2012).

Traumatic Memory

Both experience and prior knowledge are key factors that influence the encoding of information in memory (Cordón et al., 2004). Prior knowledge is necessary for one to be able to understand and make sense of what is being experienced. The incoming information must be selected for attention and further processing, while other information is excluded (Ornstein et al., 1998). The mind does not function as a video recorder so every aspect of an event will not be encoded into memory (McNally, 2005). Researchers suggest that memory operates differently

for mundane daily experiences and conditions of emotional stress (Ornstein et al., 1998; Toth & Cicchetti, 1998). In cases of high arousal or stress, there is a narrowing of consciousness and most people will attend to the central features of an event instead of the peripheral features (Christianson & Loftus, 1987; McNally, 2005; van der Kolk & Fisler, 1995).

With the exception of the visual system, all incoming sensory input enters the brainstem first and is matched against previously stored experience. When an individual experiences a traumatic event for the first time, the fear response activates the brainstem, midbrain, limbic, and cortical areas in a way they haven't been activated before. These brain regions move out of a homeostatic state and the incoming sensory information creates brainstem memories. As the information is processed in other regions of the brain, a set of associations are created and a chain of traumatic cognitive, affective, and state memories are formed. The brain makes associations between elements that occurred during the traumatic event that may not be relevant to threat and a variety of cues can further activate that chain of memories (Perry, 1999).

The imprints of traumatic experiences appear to have different qualities than memories of everyday experience. These experiences may be encoded differently due to alterations in attentional focus or extreme arousal that interferes with hippocampal functioning. Explicit memory can fail during times of high arousal, whereas there may be no interference with implicit memory (van der Kolk & Fisler, 1995). The emotional impact of a traumatic event can hinder one's capacity to capture the experience in words. The failure of semantic memory leads to the organization of memory on a somatosensory level in the form of somatic sensations, nightmares, or flashbacks (van der Kolk, 1994). Trauma memories are often initially experienced as fragments of sensory elements of the event. This can include visual images, olfactory, auditory, or kinesthetic sensations or intense affective states (van der Kolk & Fisler, 1995).

Memory function. Nelson and Carver (1998) acknowledge that both memory impairment and heightened memory function can occur in response to trauma. These differences may be influenced by the memory system affected. Single-event traumas are often distinctive and may be more likely to be recalled over time than everyday events (Cordón et al., 2004). The release of stress hormones during traumatic or negative emotional events strengthens memory for the experience (McNally, 2005; McNally, Perlman, Ristuccia, & Clancy, 2006). Emotionally significant information is more likely to be remembered with clarity and accuracy (Toth & Cicchetti, 1998). Trauma experts suggest that some aspects of traumatic memory become fixed in the mind and unaltered by time or experience. The intrusive recollections of traumatic events, including sensory experiences and visual images, do not seem to fade over time and are less vulnerable to distortion than ordinary experiences (van der Kolk, 1994; van der Kolk & Fisler, 1995). In PTSD, individuals often experience intrusive recollections of the trauma which is related to the hormonal effects on the amygdala (Nelson & Carver, 1998). Distressing memories involuntarily intrude into consciousness and are difficult to dismiss even when survivors try not to think about them (Howe, Cicchetti, & Toth, 2006; McNally, 2005). The amygdala may be responsible for the durability of memory for traumatic events, suggesting that implicit memory is more durable and robust than explicit memory (Cordón et al., 2004).

Many trauma survivors struggle to remember the central details of traumatic events for some time, contradicting the basic memory laws which propose that one is more likely to remember experiencing a type of event that has occurred repeatedly. Repetition strengthens memory; however, the details may blend with others over time (McNally, 2005). This perspective contradicts the posttraumatic adaptations of dissociation and traumatic amnesia. Trauma researchers suggest that dissociation or traumatic amnesia is more likely to occur in

cases of prolonged trauma beginning early in life. Individuals are unable to remember the traumatic event(s) and recall is typically triggered by exposure to sensory or affective stimuli (van der Kolk & Fisler, 1995).

Over time some individuals may have an acquired ability to communicate trauma memories as a narrative (van der Kolk, et al., 2001). To begin processing lost memories the individual must feel and identify body sensations. Unresolved or unreachable memories are often found in body sensations that cue awareness of the emotion. Emotions become triggers of past trauma which results in similar physiological reactions to a different situation. The lack of recovery from trauma experiences may be related to the body's frozen response to the original event (Williams, 2006). Once the sensations associated with the trauma are formed into a personal narrative, they become vulnerable to embellishment and contamination because they are now in explicit memory and a socially communicated story (van der Kolk & Fisler, 1995).

Exposure-based treatments. Prolonged Exposure (PE) therapy is developed from the fields of learning theory and behaviourism to assist individuals in vividly recalling specific trauma memories through imaginal and in vivo exposure. This repeated exposure is believed to elicit emotional processing of fear and anxiety, promoting psychological functioning by reducing avoidance tendencies. However, in complex cases, the constellation of symptoms present may actually create obstacles for effective fear reduction. Furthermore, non-fear emotions such as shame, guilt, and anger that are characteristic of complex trauma have not been found to be effectively reduced with exposure treatments. Other key limitations specific to PE with complex trauma survivors include the limited focus on the therapeutic alliance and no provision for individual's experiencing moderate to high levels of dissociation (Gleiser et al., 2008).

A recent study explored the relationship between trauma-focused treatment modalities PE, Stress Inoculation Training (SIT), Psychodynamic Therapy (PDT) and changes in attention biases, implicit memory, skin conductance, and respiratory sinus arrhythmia (RSA). There were 27 female treatment seeking participants who completed 12 weeks of therapy for the study. The results did not reveal statistically significant changes in subjective or physiological measures after 12 weeks of therapy. However, the results did show statistically significant improvements in trauma-relevant attentional biases and implicit memory. Psychodynamic therapy was associated with the most improvement, whereas PE was not related to symptom changes. SIT was found to show improvements in PTSD symptoms, implicit memory, and RSA. The authors suggest that the high degree of complex trauma exposure and dissociation may be more resistant to brief therapies (D'Andrea & Pole, 2012).

EMDR is an exposure-based treatment approach that has received considerable attention in the trauma treatment literature. However, most research on EMDR has focused on the treatment of adult PTSD resulting from single event traumas, often excluding complex cases. EMDR is a technique that allows processing of traumatic memories at a faster rate than verbally-focused approaches. It involves the retrieval of traumatic memories, attendant emotions, and faulty beliefs while undergoing bilateral stimulation (Luxenberg et al., 2001). Some important differences between EMDR and traditional exposure-based approaches include: EMDR is not based on habituation; the short interrupted exposures are different than the long exposures in PE. EMDR is non-directive which allows the individual to freely move through scenes for effective memory processing. In EMDR, reliving the traumatic memory in the present is not a requirement. EMDR treatment has shown rapid reduction in symptoms, fewer treatment sessions, and fewer dropout rates than exposure therapies (Korn, 2009; Schubert & Lee, 2009). However,

complex trauma populations typically require longer-term sessions of EMDR for the treatment to be effective. It is likely that childhood trauma survivors may require longer treatment to address all the presenting issues. It may be beneficial for this population to take part in a combination of treatments to adequately address their needs (Schubert & Lee, 2009). Korn (2009) recommends a phase-based EMDR treatment approach for individuals with complex trauma.

Resource Development and Installation (RDI) developed by Leeds, is proposed as an effective intervention in Phase One of treatment for complex PTSD. RDI includes a set of EMDR related protocols that focus on ego-strengthening and connections to resources in positive memory networks, while not stimulating traumatic memory networks. This approach uses imagery and repetition to enhance one's ability to access and integrate functional memory networks across changes in state. RDI is carried out using shorter sets of 6-12 bilateral stimulations with positive images, memories, and symbols. These short sets help individuals develop the capacity to tolerate positive arousal states without dissociating or withdrawing from such exposure. Bilateral stimulation reinforces the individual's ability to access cognitive, affective, and behavioural coping skills when later exposed to stress (Korn & Leeds, 2002).

Limitations. Exposure-based treatments rely on standard case formulations that have not been found to be effective in the treatment of complex trauma (Wagner et al., 2007).

Neuroimaging research demonstrates that when individuals are exposed to traumatic reminders there is an increase in blood flow to right hemisphere brain regions associated with intense affect, while there is a deactivation of left brain regions involved with the inhibition of emotions and the translation of experience into language (van der Kolk, 2006). The neuronal activation in response to traumatic reminders raises controversy about the impact of trauma processing with complex trauma survivors. With the recall and processing of traumatic memories in therapy, the

stress response becomes activated and instead of promoting habituation, it may instead create sensitization (van der Kolk, 2001).

McTeague and colleagues (2010) examined the physiologic reactivity to traumatic and neutral stimuli in trauma survivors exposed to single and multiple event traumas. The results revealed different psychophysiological profiles among the trauma groups. Participants exposed to single-event traumas displayed higher startle and autonomic responses to traumatic stimuli. The participants who experienced multiple traumas demonstrated blunted defensive psychophysiological reactivity, despite reporting higher levels of arousal. This group also presented with a broader symptom severity, reporting higher anxiety and depression comorbidity. These findings suggest that individuals exposed to prolonged trauma may not respond well to CBT exposure techniques. Exposure-based CBT for complex trauma may lead to problems with affect and information processing due to more impaired functioning in these capacities related to developmental issues (Ford, et al., 2005).

Relational Implications

Interpersonal Problems

Trauma survivors may be more prone to seek out or remain in dysfunctional relationships as many have, “no healthy template for interpersonal interactions” (Luxenburg et al., 2001, p. 378). Individuals often have difficulty trusting others and they may lack the ability to pick up on danger signals (Luxenburg et al., 2001). Survivors may be more sensitive to rejection and remain in unstable or unsafe relationships (Briere & Jordan, 2009). In particular, some individuals may accept re-victimization in relationships or feel too powerless or fearful that their partners will abandon or hurt them. Disturbances in self-perception and systems of meaning can directly impact relational functioning. For example, individuals who hold negative views of being

helpless, damaged, or responsible for the abuse may experience increased feelings of isolation. Those struggling with learned helplessness or feelings of hopelessness may be unable to make decisions or create changes in their lives which can create disconnect in existing relationships. With a limited sense of self, fear of intimacy or difficulty separating oneself from others, individuals may not be able to fully engage in relationships (Luxenburg et al., 2001).

Chronic interpersonal difficulties may be exacerbated by intense feelings of shame as well as an inability to connect or be present due to dissociation. Dorahy (2010) discusses the impact of shame, guilt, and dissociation on interpersonal relationship functioning for survivors of complex trauma. The findings from two studies suggest that lifetime shame predicts relationship difficulties and dissociative symptoms contribute most to interpersonal disconnectedness, followed by lifetime shame. These results reveal that both shame and dissociation are associated with avoidance and withdrawal from others, further contributing to social isolation and disconnect among trauma survivors.

Experiential and emotion-focused approaches. Emotion-focused therapy (EFT) is well suited for couples in which one or both partners have experienced complex trauma. This is an experiential humanistic approach that considers the role of emotions on the quality of close relationships. EFT focuses on both partners as well as their relational system, through processing key emotional experiences and reframing negative interactions to move the relationship towards a more secure connection (Johnson & Courtois, 2009). A recent study examined the usefulness of EFT for couples in which the female partner reported a history of childhood abuse. A randomized controlled trial of EFT was carried out with 24 couples living in Toronto. The results reveal that the couples who completed 24 sessions of EFT showed significant increases in their relationship satisfaction. However, the females who participated in EFT for couples did not

experience a reduction in trauma symptoms post-treatment (Dalton, Greenman, Classen, & Johnson, 2013).

Accelerated Experiential Dynamic Psychotherapy (AEDP) for treatment of complex trauma is based on a metatherapeutic paradigm. This experiential approach directly addresses emotion dysregulation and social isolation with the primary goal of co-creating new positive relational and emotional experiences (Fosha, Paivio, Gleiser, & Ford, 2009). AEDP aims to transform distress, fear, and anxiety into better regulated emotions, memories, and adaptive action. Interventions include experiential emotion processing and an attachment-based therapeutic relationship. Through dyadic affect regulation, the therapist can assist the individual in regulating intense or overwhelming emotional experiences. The relational interventions aim to co-create a secure attachment. While there are no clinical trials on AEDP to date, there is preliminary support in clinical settings suggesting its effectiveness in treating individuals with complex posttraumatic symptoms (Gleiser et al., 2008).

Physical Health Implications

Somatization

Somatization refers to bodily distress or dysfunction that is linked to psychological phenomena (Briere & Jordan, 2009). Trauma survivors may experience chronic physical symptoms that challenge medical explanations or treatments (Luxenburg et al., 2001). Some individuals may not experience psychological distress in any capacity, and instead only report distressing physical symptoms. Understanding that repeated trauma exposure impacts several biological systems, many individuals can present with multiple somatic symptoms. Individuals have trouble adjusting their physiologic arousal, resulting in unusual symptoms or complaints of

headaches, chronic pain, and gastrointestinal problems. Trauma survivors are less likely to respond well to conventional medical treatment (Luxenburg et al., 2001).

Sensorimotor approaches. Neuroscience research suggests that effective treatment for complex trauma includes: “(1) learning to modulate arousal, (2) learning to tolerate feelings and sensations by increasing the capacity for interoception, and (3) learning that after confrontation with physical helplessness, it is essential to engage in taking effective action” (van der Kolk, 2009, p. 460). Learning to tolerate and nurture one’s sensations and emotions is the main task of treatment. Trauma survivors must discover that it is safe to have sensations and feelings. Once they learn to attend to inner experience through breath and movement, they will gain awareness that bodily experiences shift and change (van der Kolk, 2009). This will help survivors to understand that memories of the past do not necessarily need to result in overwhelming emotions and they can begin to find new ways of orienting themselves and explore novel ways of engaging in the world (van der Kolk, 2006; 2009). To date, the findings of neuroscience research have been difficult to integrate into therapeutic practice. Western practices with body-oriented approaches (ie. sensation and movement) haven’t been readily included in medical and psychological teaching (van der Kolk, 2009).

A core component for trauma survivors is to learn self-regulation and coping strategies to improve their quality of life. It is important to create a physical sense of control by working on physical boundaries and exploring ways of regulating physiological arousal through breath and body movement. Yoga helps to address physical needs and can facilitate a more positive relationship with one’s body. The core principals and practice of trauma-sensitive yoga include special considerations in the environment, exercises, language, assists, and teacher qualities. In a pilot study, it was found that yoga participants displayed an increase in positive affect, physical

activity, and body attunement as well as a decrease in negative affect. These preliminary results are promising and have motivated further research on yoga practice with trauma survivors (Emerson, Sharma, Chaudry, & Turner, 2009).

Sensory integration (SI) treatment is described as a complex process that emphasizes an individual's sensory needs, interaction style, occupational roles, and behaviour. SI treatment targets vestibular, proprioceptive, tactile, and other somatosensory inputs to improve body responses (Kaiser, Gillette, & Spinazzola, 2010). In a study of 10 adults with a history of childhood interpersonal trauma, participants were assigned to either the treatment or waitlist group. The treatment group completed a sensory learning program along with psychotherapy while the waitlist group participated in psychotherapy with their current therapist. The results indicate symptom improvement was significantly greater on several domains of the SIDES for the group who participated in the SI treatment. The authors suggest that SI treatment may facilitate a system wide reorganization of neural connections that are negatively affected by early and chronic trauma (Kaiser et al., 2010).

Medical Problems

There is a growing body of literature examining the long-term health risks associated with early trauma. The relevance of childhood trauma on adult medical problems and healthcare utilization is rudimentary and may be overlooked by healthcare professionals (Felitti, et al., 1998) as it can take years before early traumatic life experiences are expressed in the form of illness (Shonkoff, Boyce, & McEwen, 2009). Felitti et al. (1998) were the first to examine the relationship between adverse childhood experiences and adult health status. The Adverse Childhood Experiences (ACE) study was carried out in a primary care setting to understand the long-term effects of abuse and household dysfunction on health risk factors and adult disease.

Participants completed a survey that measured adverse childhood exposures and health risk factors. The prevalence and risk for smoking, obesity, physical inactivity, depressed mood, and suicide attempts increased as the number of childhood exposures increased. Similar trends were found in a Canadian study, where childhood sexual abuse was specifically associated with obesity and mental health concerns, and both childhood sexual abuse and physical abuse were strongly associated with smoking, alcohol problems, and the number of sexual partners (Chartier, Walker, & Naimark, 2009). These findings are significant as these multiple risk factors contribute to several leading causes of death in adults (Felitti et al., 1998).

A number of adverse physical health outcomes have been associated with childhood trauma. The ACE study found a significant dose-response relationship between the number of childhood exposures and the presence of ischemic heart disease, cancer, chronic lung disease, liver disease, and skeletal fractures (Felitti et al., 1998). Some health conditions specifically linked to PTSD include: cancer, sleep disorders, musculoskeletal and dermatological problems (Kendall-Tackett, 2009), respiratory disease, gastrointestinal (GI) problems (Kendall-Tackett, 2009; Wegmen & Stetler, 2009), obesity (McFarlane, 2010), chronic pain syndromes, and cardiovascular disease (Kendall-Tackett, 2009; McFarlane, 2010, Wegmen & Stetler, 2009).

Some researchers have examined the long-term health outcomes associated with different types of maltreatment in childhood. For example, childhood physical abuse has been linked to increased risk for diabetes, malnutrition (Widom, Czaja, Bentley, & Johnson, 2012), bronchitis and ulcers in midlife (Springer, 2009). One study found a link between childhood physical abuse and an increased risk of thyroid dysfunction and depression in early post-partum women (Plaza et al., 2012). Widom et al. (2012) report an increased risk for malnutrition in childhood sexual abuse survivors, while individuals who experienced neglect were at higher risk for diabetes,

diminished lung functioning, and vision and oral problems. A number of studies yield consistent findings that childhood trauma is associated with more adverse health problems in adulthood (Hager & Runtz, 2012; Subica, 2013; Tang, Jamieson, Boyle, Libby, Gafni, & MacMillan, 2006). Interestingly, one study examined the relationship between the ACE score and health problems among four birth cohorts dating back to 1900. The results demonstrate that the risk of depressed affect, suicide attempts, multiple sexual partners, sexually transmitted diseases, smoking, and alcoholism increased as the ACE score increased in all four cohorts, suggesting that the effects of early trauma are resistant to the numerous and changing influences on health over time (Dube, Felitti, Dong, Giles, & Anda, 2003).

According to the Ontario Health Survey, women with combined trauma histories report significantly higher ambulatory health care costs than those who report no abuse. In this community sample, 55% of women report being exposed to both physical and sexual abuse. The number of visits to physicians, physiotherapists, chiropractors, psychologists, and emergency rooms almost doubled in annual health care costs for this group. These results provide further evidence of the long-term consequences of early trauma on health and healthcare utilization (Tang, et al., 2006).

Alternate Approaches. Trauma survivors may benefit from the integration of diverse medical and healthcare practices and products. Interventions that are not typically considered a part of conventional medicine include acupuncture, massage therapy, and chiropractic (Longacre, Silver-Highfield, Lama, & Grodin, 2012). These approaches may help to provide symptom relief for individuals with somatic complaints or chronic pain. Holistic treatments focused on the mind-body connection, such as Reiki, Tai Chi, Qigong, and drumming, are examples of complementary and alternative medicine that may also be useful for trauma

survivors (Longacre et al., 2012). Other integrative modalities that are likely to have positive effects on physical and mental health include exercise and diet. Exercise and Omega-3 fatty acids may be particularly beneficial for trauma survivors as they can help to downregulate the inflammatory response system by lowering levels of proinflammatory cytokines. Incorporating regular exercise and fish oil supplements may increase one's resilience to stress and lessen the risk for diseases (Kendall-Tackett, 2009).

Healing

Conceptions of healing vary among the professional disciplines of psychology, anthropology, nursing, and medicine, demonstrating a lack of consensus about its meaning (Egnew, 2005). To heal is, "to become sound or whole again" which is derived from the Old English root *hælen* and akin to *hāl* meaning whole (Merriam-Webster Online Dictionary). Healing is often associated with cure-seeking (Moodley et al., 2008) whether it is from physical ailments or mental and emotional anguish. Understanding healing in a holistic sense encourages one to consider the biopsychosocial-spiritual dimensions of the person (Dossey, 1998; Hagedorn & Zahourek, 2007; Moodley et al., 2008). Holism recognizes that the whole is greater than the sum of its parts. From this perspective, the person is understood as a, "unitary whole in mutual process with the environment" (Hagedorn & Zahourek, 2007, p. 336). Accordingly, any physical, psychological, or spiritual difficulties one experiences, occurs in response to disturbances in one's environment and/or any aspect of an individual's life that is out of balance (Moodley et al., 2008).

Egnew (2005) explored the meaning of healing in a qualitative inquiry involving seven allopathic physicians. The results indicate that healing involves themes of wholeness, narrative, and spirituality. According to the participants, healing consists of achieving wholeness as a

person, in which wholeness is experienced in connection with others. This includes the physical, emotional, intellectual, social, and spiritual aspects of the human experience. Interestingly, the participants viewed wholeness as independent of illness, impairment, and death. One can find wholeness in suffering, suggesting it is not connected to physical health or cure of disease. The themes of narrative and spirituality acknowledged that in healing people seek to discover the meaning of their pain. As such, this study provides an operational definition of healing that states, “Healing is the personal experience of the transcendence of suffering” (p. 258).

Healing and Culture

Cultural perspectives on healing and recovery are diverse and multilayered. Traditional or Indigenous cultural understandings of mental health and healing differ from Western perspectives (Stewart, 2008). These opposing worldviews influence different models of illness, health, and healing (Moodley et al., 2008). The Western focus on individual relationships and internal processes does not fit with cultures that value interdependence and social connectedness in healing (Yeh et al., 2004). The failure of modern practices to treat the whole person in the context of his or her culture, community, and environment has resulted in greater reliance on alternative methods of healing (Moodley et al., 2008).

Marsella (2005) identifies five features of healing subcultures:

- (1) a set of assumptions about the nature and causes of problems specific to their worldview and construction of reality; (2) a set of assumptions about the context, settings, and requirements for healing to occur; (3) a set of assumptions and procedures to elicit particular expectations, emotions, and behaviours; (4) a set of requirements for activity and participation levels and/or roles for the patient, family, and therapist; and (5) specific requirements for therapist training and skills expertise criteria (p. 3).

These basic assumptions are helpful in understanding different cultural approaches to trauma and healing.

Every culture develops specific mechanisms for stabilization and recovery. While there are numerous types of treatments that exist within a culture, healing and recovery from trauma is very much person-specific. Individuals will incorporate diverse healing practices and have different treatment preferences. The pathways to healing are described as both distinctive and universal in nature, and may vary in purpose, duration, and utilization by a culture. It is important to recognize that cultures contain the knowledge to develop their own mechanisms to facilitate healing. Healing practices within a culture may shift in response to a crisis or threat to the social structure of the community (Wilson, 2007).

According to Wilson (2007), cultural approaches to healing address five basic dimensions: (1) harmony in relations (i.e. others, nature, community); (2) personal vulnerability and imbalance within the person caused by inner conflict or external forces; (3) the significance of balance in biological and mental processes; (4) illness resulting from imbalance and loss of harmony; and (5) health being the restoration of balance and harmony in the mind, body, and spirit. This approach reflects a holistic account of healing that aligns with Indigenous and Eastern cultures.

From an Indigenous perspective, healing involves striving for the integration of the mind, body, and spirit, and their interconnectedness with the environment. Indigenous beliefs place value on the spiritual realm which involves the mental and physical being interconnected and part of a larger cosmic whole (Yeh et al., 2004). Stewart (2008) proposes a model of Indigenous mental health and healing which includes: community, cultural identity, holistic approach, and interdependence. These core features may have relevance to other cultural groups.

Trauma and Healing

The available literature reveals scholarly interest in healing processes specific to childhood sexual abuse. Two separate studies used grounded theory approaches to develop theoretical models depicting the process of healing and recovery in survivors of child sexual abuse. One model reflects a lifespan trajectory of healing in adulthood represented by four dynamic stages. Within each stage there are a number of domains that represent the healing processes related to life patterns, parenting, disclosure, spirituality, and altruism. The first two stages of healing are focused on the meaning of child sexual abuse. In the first stage, survivors often struggle to understand the nature of the abuse, why it happened to them, and the effects of the trauma. The next stage involves new understandings of the trauma and is referred to as the figuring out stage. For individuals who come to find meaning in their experiences, they can begin to tackle the effects of the trauma through treatment, changes in relationships, exercise, and new educational or occupational opportunities. The final stage of healing is laying claim to one's life by taking control of decisions and taking steps to make a difference in the world (Draucker, Martsolf, Roller, Knapik, Ross, & Stidham, 2011).

Arias and Johnson (2013) also present a theoretical model of healing from child sexual abuse that consists of healing relationships, internal characteristics, turning points, and sources of active healing. A secure and supportive relationship with others and/or a higher power is defined as integral to survivors healing. Internal characteristics include perseverance, self-efficacy, optimism, and a sense of strength. The participant's acknowledged the importance of making positive choices and actively seeking out therapy, education and volunteer opportunities, prayer and journaling in their healing.

Another qualitative study explored the pathways to healing for two women who experienced child sexual abuse. The results indicate that healing is associated with turning points, in which the participants had to face their fears associated with the trauma and accept the truth of their experiences. This also included acknowledgement of new insights in their core beliefs about themselves and the world. The role of counselling and the healing aspects of therapeutic relationships were instrumental in meaning making and the reconstruction of their sense of self. This shift towards new self-congruent beliefs included self-understanding, self-transformation, and posttraumatic growth (Vilenica, Shakespeare-Finch, & Obst, 2013).

A few studies have examined the helpful and hindering experiences of therapy for adult survivors of childhood sexual abuse (Chouliara et al., 2011; Koehn, 2007; McGregor et al., 2006). In one study, adult survivors of child sexual abuse and professionals who provided support to such individuals were interviewed. The benefits of talk therapy included a trusting therapeutic relationship, safety to disclose, breaking isolation, enhancing self-worth, contextualizing the abuse, and movement towards recovery. However, a number of challenges were also presented. Both survivors and professionals identified the difficulty of trauma-focused work. Other challenges included contact between appointments, accessibility in acute distress, hearing and managing disclosures, dealing with child protection issues, as well as resource availability and service accessibility (Chouliara et al., 2011).

Koehn (2007) explored counselling behaviours that survivors of childhood sexual abuse viewed as helpful or hindering in relation to their perceptions of power and control. The participants valued therapy experiences where they set the pace, had choices, and were consulted about the direction of therapy. They also appreciated when counsellors followed their suggestions, were flexible with treatment agendas, treated them as equals, and responded to

criticism with openness and self-reflection. Clients reported feeling inadequate, angry, or helpless when counsellors were pushing, violating, or controlling. McGregor and colleagues (2006) provide a list of recommendations for therapists working with childhood sexual abuse survivors which echo the findings of other research. The authors suggest that therapists provide information about therapy at the start and consult with clients about the structure, pace, and focus of treatment. It is important that all helpers are trained and have the ability to listen, understand, and normalize both the experiences and effects of childhood sexual abuse. Therapists should be aware of the potential distancing or intrusive errors in the context of therapy that may consist of passivity, exaggerated objectivity, misinterpreting meaning, or angry responses.

Summary

Psychological trauma occurs in the context of a variety of social, psychological, and biological factors (Briere & Jordan, 2009). The complex developmental, behavioural, mental, and physical health outcomes for individuals with complex trauma, makes it difficult to diagnosis accurately and treat effectively. The loss of self-regulation may be the most salient feature of trauma (van der Kolk, 2000). However, the loss of trust or spiritual faith, fragmentation in identity, and unexplained health problems all contribute to the burden of pain (Ford & Courtois, 2009). The healing process for survivors of childhood abuse is a lifelong journey. Herman explains, “Resolution of the trauma is never final; recovery is never complete” (1997, p. 211). However, it is often sufficient for survivors to focus on tasks of daily life (Herman, 1997).

A phase-based treatment approach is most commonly accepted in the trauma community. Treatment for adults with complex trauma is widely practiced, but it is still in the early phases of scientific and clinical validation (Courtois et al., 2009). Systematic clinical research is necessary

to validate the effectiveness of therapeutic approaches in treating this diverse population. Equally important is further understanding of trauma survivors' experiences in recovery and what treatment approaches they have found helpful in their healing journey. The present study begins to address this gap in the literature. Chapter Three provides a detailed overview of the research process and my efforts to carry out transparent and ethical research practice.

Chapter Three: Research Process

The research design was chosen to portray the lives and experiences of adult survivors of complex trauma through the relational landscape of narrative inquiry. This research used the qualitative methodology of narrative inquiry to describe the healing experiences of trauma survivors and the meanings they attach to their stories. A goal of this study was to capture the richness and diversity of individual healing experiences through creative and holistic accounts (Pinnegar & Dayne, 2007). Through ongoing collaboration and self-reflection, new meanings emerged reflecting how knowledge is socially and culturally constructed (Gergen, 2001). This chapter provides an honest and explicit account of the research process, the methodological techniques used, and the evaluative criteria specific to the study. To locate the context of the research design, the chapter begins with descriptions of qualitative methodology and narrative inquiry. A detailed description of the process of inquiry and approach to analysis is presented, followed by a discussion on how I addressed issues of interpretation and representation throughout the study.

Qualitative Inquiry

A qualitative research design was chosen with the goal of producing rich descriptive meaning of the healing experiences of adult survivors of complex trauma. Through the exploration of individual subjective realities, insight can be gained into how people construct meaning in their lives. Qualitative researchers seek to understand the complexity and richness of the human experience, through evocative and meaningful portraits, stories, and landscapes (Jootun, McGhee, & Marland, 2009; Whittemore, Chase, & Mandle, 2001). There is a level of uncertainty, fluidity, and subjectivity that underlies all interpretive work (Whittemore et al., 2001). I entered this research with the underlying belief that all constructions of meaning are

socially, culturally, and historically located (Morrow, 2006). Multiple realities are constructed through one's past experience, the social environment, and the dynamic interactions that occur in the context of the research relationship (Ponterotto, 2005).

Qualitative studies are interpretive, immersed, and contextual (Rolfe, 2006) with a high level of researcher involvement throughout the research process and a commitment to open and democratic sharing of knowledge (Lincoln, 1995; Rolfe, 2006). The vision of this research is one that encourages advocacy and action, while promoting social justice and empowerment (Denzin, 2008; Lincoln, 1995; Ponterotto, 2005). The quality of the research relies on my personal wisdom, skills, and integrity throughout the research process (Josselson & Lieblich, 2003; Lieblich et al., 1998).

It is through empathy, collaboration, and self-reflection that qualitative inquiries advance and develop. The research-participant relationship is a primary influence on the study design and the depth of the findings. My regard for collaborative and egalitarian relationships in a research context influenced me to carry out qualitative research. The researcher and participant create a context of conversational intimacy through meaningful exchanges and mutual respect. The co-creation of knowledge is significant in inquiries that engage the researcher and participant at a personal and subjective level. This research was guided by authentic interaction and involved personal investment which has facilitated personal, social, and professional change in myself and my relational worlds (Gemignani, 2011). Through engagement and collaboration in the research process, I have gained new understandings of healing from trauma that has shifted the way I practice and relate to others.

Narrative Inquiry

The field of narrative inquiry has largely drawn on the seminal works of such scholars as Jean Clandinin, Amia Lieblich, Catherine Kohler Riessman, and Don Polkinghorne. These writers are widely acknowledged as key figures who have contributed to the development of past and present theory as well as the changing social and political context of narrative inquiry. One of the more recent influential works is the *Handbook of Narrative Inquiry* by Clandinin (2007) which provides a comprehensive framework for the discipline of narrative inquiry. The contribution of this foundational research sets the context for this research study and will be woven throughout the following section.

Freeman (2007) describes narrative inquiry as a “poetic science” (p. 142) that enhances our knowledge and understanding of the human condition while increasing compassion and empathy. This approach embraces narrative as phenomenon and narrative as method or methodology (Clandinin & Huber, 2002; Clandinin, Murphy, Huber, & Murray Orr, 2010; Pinnegar & Daynes, 2007). Story and narrative are often used interchangeably to describe the empirical material narrative inquirers study by listening, observing, living alongside another, and writing and interpreting texts (Chase, 2005; Clandinin & Rosiek, 2007). However, there is an important analytical difference between story and narrative as Riley and Hawe (2005) point out: people tell stories, whereas narratives reflect the analysis of stories.

Narrative inquiry captures the way people make sense of their experiences through lived and told stories (Pinnegar & Davis, 2007). Narrative, in its many forms, reflects meaningful and significant life experiences that are constructed in a social relational space (Chase, 2005; Zilber, Tuval-Mashiach, & Lieblich, 2008). Stories are fluid and shaped in interaction with an audience, as the narrator constructs the self, experience, and reality (Chase, 2005). Stories can provide

continuity and coherence to one's experience as they are composed, revised, and retold in communication with others (Lieblich, et al., 1998).

Narratives represent creative re-descriptions of the past (Freeman, 2007) that are enabled and constrained by a number of cultural, social, and historical circumstances (Chase, 2005; Mattingly & Lawlor, 2000). There is an unavoidable gap between lived experience and how it is communicated in the context of relationship. With no direct access to primary experience, all forms of representation of experience are limited and incomplete. Stories naturally contain a beginning, middle, and end that may take on different forms with different listeners. The place in which one decides to begin and end a story can completely shift its purpose and meaning (Riessman, 1993). This was evident in the research interviews as some of the participants took time to reflect on the initial interview question and decide how they wanted to open the dialogue. *Achieving Wellness* acknowledged how she was going to begin her story with the positive elements. I assumed this was a safe way for her to engage with a stranger and recognized how the story would have evolved differently at another moment in time or in a different context.

Any description or interpretation of human meaning is tentative, messy, and complicated (Clandinin & Rosiek, 2007; Pinnegar & Daynes, 2007). Understanding of the dynamic and evolving contexts is necessary for the communication and interpretation of individual stories (Zilber et al., 2008). Narrative inquirers acknowledge that multiple contexts are always present and alternative views exist in the study of lived experience (Clandinin & Rosiek, 2007). Clandinin and Huber (2002) introduce a metaphorical three-dimensional narrative inquiry space to understand storied life experience filled with artistic and aesthetic dimensions. Any particular inquiry is defined by the attention to temporality, sociality, and place. Temporality is associated with the continuity of experience in which individual's lives are described with a past, a present,

and a future. Sociality is equally concerned with personal and social conditions, recognizing that people are always in interaction with their situations in experience. Place refers to the centrality of place, specifically looking at where the inquiry and events occur. As I listened to each story and engaged with the text, I found myself naturally paying attention to details related to temporality, sociality, and place to help uncover meaning and create some sense of order to the story.

In narrative inquiry, researchers engage in an interpretive process to uncover meaning and create some sense of order in the stories they hear (Chase, 2005). The listener engages in an interactive process with the narrative and becomes sensitive to the narrators voice and the meanings portrayed (Lieblich et al., 1998). Chase (2005) proposes a narrative strategy, which calls attention to the complexity within each voice in the narrative, the various positions each narrator takes, and the diversity among each narrator's voice. The aim is to create interpreted descriptions of the underlying narrative that the storyteller may not be able to give voice to (Riley & Hawe, 2005). Stories are revised and co-constructed to present the rich and multilayered meanings of individual's lives (Josselson & Lieblich, 2003; Lieblich et al., 1998).

Narrative inquiry is a relational form of inquiry (Clandinin & Rosiek, 2007) where the research relationship has become the sacred story (Hollingsworth & Dybdahl, 2007). This relational landscape informs the reflections, conversations, and actions of both the researcher and researched (Craig & Huber, 2007). The lived and shared stories of narrative inquirers are always in relation to the participants (Clandinin et al., 2010). As such, the researcher cannot be separated from the researched (Gemignani, 2011). Collaboration, ethical participation, and negotiation are interwoven and deeply embedded in the living out of inquiry (Craig & Huber, 2007). These

relational components created space to engage in genuine and authentic interactions with the participants, which was personally meaningful for me.

Differences exist in the ontological and epistemological commitments of narrative inquirers. Those who border closer to the post-positivist tradition focus on the identification of common themes and descriptions of broad patterns in human activity. While this may reveal important information about aspects of human experience, the more purist narrative inquirers argue that this approach severs narratives from the relational, temporal, and continuous features of experience that provide meaning. The narrative focus on individual experience and the specificity of location is lost when stories are decontextualized, and some argue that this process creates power differentials that are often involved when carrying out research on people instead of alongside people (Clandinin & Rosiek, 2007).

Narratives of Healing

Harter and Bochner (2009) highlight the value of narratives in understanding health and healing. There are complex layers of meaning that accompany stories about health, illness, and recovery (Hollingsworth & Dybdahl, 2007), which was illustrated in the narratives of healing. Trauma, illness, and disability can wound the body and soul, devastating one's sense of self (Mattingly & Lawlor, 2000). People can make sense of difficult life events by sharing their experiences in a narrative form (Riessman, 1993). The exposure of pain and suffering may help individuals move toward a more hopeful future (Harter & Bochner, 2009; Mattingly & Lawlor, 2000). Storytelling can empower and connect people who feel overwhelmed, misunderstood, or voiceless (Mattingly & Lawlor, 2000). A previously silenced narrator may reclaim his or her voice and a recovery of self through storytelling (Chase, 2005; Mattingly & Lawlor, 2000). I

have commonly experienced this transformation in a therapeutic setting and was fortunate to be an active participant in this process in the context of a research interview.

This participant acknowledged how she has only told a few select people her story of trauma. I witnessed her pain and what seemed to be 'fresh wounds' as we engaged in the conversation. What stood out most for me was her motivation to get to a place in her healing where she could share her story with other survivors and the recognition that she was not yet at that place in her healing journey. It seems that a silenced person may begin to reclaim more of his or her voice with each telling of his or her story. I admire her courage to share her story with a stranger.

Trauma is often a story of pain and suffering that can fragment the body and mind. Narratives may provide coherence to the chaos introduced by trauma and help survivors navigate out of isolation. The narration of traumatic experiences requires a creative process of meaning making, allowing the storyteller to reconstruct the trauma experience into his or her life. Telling the story through a new perspective can create new solutions and possibilities, replacing the shame and secrecy often connected to trauma. The co-creation of a transformed story may be healing for some individuals, restoring connection and hope for the future (Williams, 2006).

Getting Started

Shortly after ethics approval was granted from the University of Northern British Columbia, I was fortunate to be a recipient of an internal funding competition within the university. This provided me with the financial support to be able to make changes to the study, including an increase in the compensation to the participants as well as support to cover other research costs. All amendments to the study were approved by the Research Ethics Board prior to initiating the recruitment of participants, reflecting the evolving nature of qualitative inquiry.

Select counselling agencies and post-secondary institutions were approached about the research study. Committee members assisted with the initial recruitment process by granting permission for posters to be left at counselling and psychological services in the community. Additionally, departments at the college and university were contacted about the guidelines for advertising student research projects on campus. Once permission was granted, posters were displayed around the campuses and at specific student service centers.

The early stage of recruitment was met with some challenges in working alongside various agencies and larger post-secondary institutions. There was some confusion around the protocol for student research being advertised at the college, resulting in a request for information about the study to be reviewed by the college ethics board. After consultation with my supervisor, all the appropriate documents were submitted to the college. It was later determined that ethics approval from the college was not necessary to display posters at the college campus. This process created some anxiety and uncertainty for myself as I was conscientious in following the necessary steps to obtain permission and carry out ethical research.

The process of recruiting participants was guided by the following parameters of the study:

1. The study included adults who identified a history of one or more types of maltreatment in childhood (sexual, physical, and/or emotional abuse, family violence, or neglect) that occurred repeatedly over time.
2. The study included males and females 25 years of age and older.
3. The study included individuals who voluntarily agreed to participate in the research and to have the interview audio tape recorded.

Ethical Considerations

Ethical tension is inevitable in research involving trauma survivors, requiring an honest and authentic discussion of the possible methodological or contextual issues that may arise (Duncan, Drew, Hodgson, & Sawyer, 2009; Guillemin & Gillam, 2004). In carrying out ethically sound research, it was my responsibility to sensitively negotiate relationships and protect participants from harm throughout the research process. The ethical principles of respect for autonomy, beneficence, and justice guided the treatment of research participants in this study (Bourdeau, 2000; Guillemin & Heggen, 2009). The following sections will address the ethical issues specific to qualitative research with trauma survivors.

There are mixed findings in the literature on the potential harm to trauma survivors participating in research (DePrince & Chu, 2008; Griffin, Resick, Waldrop, & Mechanic, 2003; Newman, Risch, & Kassam-Adams, 2006). There is concern about trauma survivors being too fragile to endure emotional distress in an interview setting, which may overwhelm or re-traumatize individuals. Survivors who are in crisis may have additional difficulty coping with the intense emotions they experience as a result of discussing their traumas in a research interview (Griffin et al., 2003; Newman et al., 2006). I reflected on my reactions to these concerns in my research journal.

Based on my previous research experience and counselling practice, I do not view trauma survivors as being fragile or helpless. I have learned that individuals will take steps in the context of a research interview or counselling session to share what feels safe.

While it is important to be cautious of the emotional distress that can occur from conversations related to trauma, research has found that benefits can occur from participation even when some

distress is experienced. Griffin and colleagues (2003) found that trauma survivors' participation in research did not create harmful effects even in the acute aftermath of a traumatic experience. Instead, research participation was viewed as a positive and interesting experience for participants. These findings are echoed in a large scale research study involving more than 500 community and undergraduate trauma survivors (DePrince & Chu, 2008). Both studies suggest that trauma survivors may benefit from participation in research as it can be a rewarding experience for individuals to talk about their experiences. The risks may be contained or mitigated by the benefits associated with sharing their stories (Corbin & Morse, 2003).

Vulnerable population. Inquiries on sensitive or difficult topics, such as trauma can increase vulnerability for both the participant and researcher (Guillemin & Heggen, 2009). There is risk involved in developing trust, intimacy, and rapport in the research relationship (Clarke, 2006; Duncan et al., 2009), which may feel unsafe for some trauma survivors. Care was taken to create safe and comfortable environments for intimate conversations to take place. However, this also increased the possibility for participants to reveal more personal or sensitive information than was intended (Clarke, 2006; Duncan et al., 2009). The performative context of an interview setting can pressure individuals to share more (Riessman, 2005), creating potential for participants to feel exposed and vulnerable (Guillemin & Heggen, 2009). In debriefing with *Safety in the Wild*, she acknowledged how she shared information in the interview that she had not planned on disclosing. We spent time exploring this further, as it was important to process her feelings and ensure she was comfortable with the information provided during the interview. There was an ethical demand on me to acknowledge the vulnerability in participants and to recognize when to maintain distance in the relationship to avoid taking advantage of this vulnerability (Guillemin & Heggen, 2009).

Creating safety in the research relationships was of primary importance in this study. This was accomplished through transparency, genuine and respectful engagement, and the maintenance of clear boundaries throughout the research encounter. It was my ethical and moral responsibility to adhere to the code of ethics and practice standards for both research and counselling practice. The well-being of the participants was a priority in the research. Safety involved being honest about the purpose of the interview as well as the inclusion of emotional and physical safety guidelines.

I approached each interview with understanding that the retrospective reappraisal of past trauma may be traumatizing or distressing for individuals (McNally et al., 2006; McNally & Geraerts, 2009). As expected, intense emotional experiences came up as some of the participants shared their stories. I was comfortable in encouraging further exploration on certain topics as well as remaining silent to allow for deeper reflection (Clarke, 2006). It was my role to recognize signs of distress and discomfort during the interviews and be sensitive to the participants' vulnerability from sharing personal information. I carefully attended to the participant's body language and verbal cues throughout the interview, which I reflected on in my research journal.

She engaged in various grounding strategies throughout the interview, such as moving around the office, changing her position in the chair, and physically grounding with a shell necklace. She had amazing awareness of her mental, emotional, and physical state, remaining present and connected as she reflected on painful experiences.

Respectful interactions included taking cues from the participants and containment at the end of the interviews to ensure the participants were in a safe emotional space (Clarke, 2006). At the completion of the interviews, I debriefed the interview experience with the participants and provided those who were interested with a list of community resources (Appendix F) should they

require additional support outside of the research setting. Two of the participants contacted me at a later date to debrief, update me, and in one case to reach out for support. Those experiences reinforced the relational aspects of qualitative research and were meaningful in my research process.

I really appreciate that she felt comfortable sharing how she was in a bit of a funk for a couple of days after the interview. This reinforced to me the importance of creating safety in the research setting and the challenges of limited contact with participants following the interviews. I am glad she reached out to me to process any lingering thoughts or feelings that emerged after the interview. The rapport and trust developed during the interview created a space where there was a sense of comfort and safety to contact me later.

Courtois (2001) outlines a number of treatment guidelines for supporting trauma survivors with delayed or recovered memories that have been adapted to fit within a research context. I was open to the emergence of recovered traumatic memories in the data collection phase, as individuals were asked to share their healing experiences from early trauma. Research demonstrates that cues to remembering past trauma can occur within and outside of therapy (Andrews et al., 2000; Courtois, 2001). With the limited contact in a research setting, it was difficult for any follow up with participants who may later recall details. As part of the informed consent, it was important to address the possible risks and provide a resource list with immediate and long-term supports. There was a level of trust required that the participants would seek out support if needed. For participants who recalled difficult information during the research interviews, the following principles of caring were applied: safety, empathy, and the containment of difficult or intense emotions.

My goal was to work towards a stance of supportive neutrality in regards to recovered memories and historical accuracy. It was not my role to question the validity of a recovered memory (Courtois, 2001). I entered each interview with the belief that the participant is the expert on his or her life. As a qualitative researcher, I was primarily interested in learning about the participant's subjective truth and reality. It was my role to be sensitive to the participants' experiences and feelings. I avoided leading questions, suggestions, or the possible influence of trauma memories during the interviews (Courtois, 2001).

Listening in a sensitive and empathic manner can be emotionally demanding for the researcher (Clarke, 2006). Consequently, there needs to be consideration of the emotional health of researchers who listen, reflect, and evaluate the meaning of emotionally difficult and sensitive topics (Bowtell, Sawyer, Aroni, Green, & Duncan, 2013). I was prepared to experience strong emotional reactions and be deeply affected by the stories I heard (Riessman, 2005). Based on my previous research experience, I was mindful not to schedule more than one research interview in a day. Additionally, I recorded my thoughts, feelings, biases, and reactions in my reflexive journal after each research interview. This helped me to reflect and process my reactions to the sensitive topics discussed. It was important to seek out support from members on my supervisory committee to discuss my reactions and process ethical concerns that arose during the research interviews.

Interestingly, it was the conversations with the participants that reminded me about self-care and taking the time to reflect on my experiences during the interviews and how I was affected by their stories. After completing the third interview, I headed to one of my favorite spots to enjoy the fresh air while I processed my conversations with the participants. As I sat along the riverbank, watching the flowing water and feeling the warmth of the sunshine, I began

to feel grounded and calm. This experience allowed me to reflect on my reactions to the information from the interviews and the relational aspects of narrative inquiry.

The intimate relationships formed in the research context share many of the same characteristics as therapeutic relationships. The sensitive and emotional topics in these settings require researchers and counsellors alike to witness the pain, suffering, and hope that others experience (Bourdeau, 2000). After the first interview, I reflected on my struggle to separate the role of researcher from that of a counsellor.

I was surprised by my reaction to this interview and found it difficult to separate my lens as a children's counsellor. I was particularly affected by the details surrounding the participant's children and some of their struggles. I found myself wanting to help and questioned whether it was my role to inform her of specific services for children.

Qualitative researchers and therapists are often motivated to empower those who participate, create change, and benefit participants. The intense sharing and close contact in interview sessions, requires one to share personal information and the other to listen and ask probing questions, creating a power differential in the relationship. Therapeutic relationships are unique in that the clients place trust in their therapist, making them vulnerable to influence or judgment. Both the client and therapist bring expectations to the relationship, and react in relation to one another, through transference or countertransference. These same dynamics can exist in research settings. The power differential depends on the vulnerability of the participants and the degree of influence the researcher maintains in the interaction (Bourdeau, 2000). By integrating a not knowing position, I developed a deeper understanding of the participants' experiences and worked to decrease the imbalance of power in the relationships.

Informed consent. An ethical concern with research involving trauma survivors is the potential failure for individuals to anticipate the conditions of their participation and an inability to fully give informed consent (Griffin et al., 2003). Informed consent assumes that research participants understand the purpose of the research before they agree to take part in it (Riessman, 2005). The purpose of the research as well as the possible risks and benefits are clearly outlined so potential participants can make an informed choice whether to participate (Corbin & Morse, 2003). An information letter (Appendix B) was provided to all the participants, outlining the nature of the research study along with the risks and benefits associated with participating in the study. Additionally, I verbally explained the information on the consent form (Appendix C) and answered any questions to ensure that the participants' fully understood what they were giving consent to. The participants were informed their participation was voluntary and they could withdraw from the study at any time. The process of informed consent was continuously negotiated and revisited throughout the research process to ensure the safety and autonomy of the participants (Guillemin & Heggen, 2009).

Researchers must carefully consider the potential risks of the interview as well as the benefits of empowerment, reciprocity, and healing capacity (Clarke, 2006). The risks involved in participating in this research study were reasonable in relation to the anticipated benefits. As expected, emotional reactions arose during some of the interviews as the participants recalled painful memories and upsetting details of past trauma. However, when debriefing with the participants, the majority of them communicated their interest in sharing their experiences of healing and recovery from trauma to help others. Some expressed their satisfaction in contributing to research and providing knowledge to the community, which may lead to improved services and better treatment outcomes.

Carrying out research with trauma survivors in a small community is a sensitive endeavor that requires additional ethical considerations as researchers are challenged to negotiate dual relationships and manage confidentiality (O'Neill, Sherry, Sheppard, & George, 2015). Schank and Skovholt (2006) acknowledge that multiple relationships can be problematic, possibly creating challenges in maintaining professional boundaries. Having awareness of possible overlapping professional, business, educational, or social relationships was important for this study. With my professional role in the community, it was possible that there may have been overlapping relationships in the research context. This required me to be straightforward with participants throughout the informed consent process. I was transparent about my professional experiences and set clear boundaries to ensure judgement was not impaired (O'Neill et al., 2015). Ongoing evaluation of the relationships and possible overlap was necessary throughout the research process.

Cultural safety. There are important cultural factors to consider when carrying out research with trauma survivors. I anticipated that the research participants would represent diverse cultural backgrounds, which added depth and richness to the study. This diversity placed demands on me to be self-aware, sensitive, and open to learn from others. Brown (2009) defines *target groups* as those groups who have historically and/or currently are the target of systemic discrimination, violence, and prejudice. Participants in this study included immigrants, Indigenous peoples and other minority groups so it was necessary to include a variety of culturally appropriate resources available in the community.

In my research, I strived to maintain an open and flexible stance in my attitude towards others (Papps & Ramsden, 1996). My curiosity and openness to exploring and learning about individual and cultural beliefs on trauma and healing allowed me to gain knowledge on various

cultural perspectives and diverse healing practices (Yeh et al., 2004). I expected that the definitions for trauma and healing would evolve and take on new meanings as I moved through the research process. The broad research questions and narrative approach created space for the participants to actively co-construct their meanings and realities in the context of the research relationship. It was through our interactions that new meanings were co-created, reflecting our history and culture.

Cultural awareness is an important step towards understanding that differences exist (Koptie, 2009). This required critical reflection of how independent and interdependent perspectives influenced my belief systems on health and healing, and how that intersected with my counselling practice. Conversations about the differences between Western and Eastern as well as Traditional healing emerged with some of the participants. I sought understanding of the participant's views on traditional and alternate forms of healing and how those practices meet their needs. For example, the participants frequently spoke of diverse healing practices that differed from Western practices of individual talk therapy. I realized that the therapeutic approaches I am familiar with did not necessarily meet the values or needs of culturally diverse individuals. It was the research participants who determined whether the mental health treatment they received was culturally safe or unsafe, regardless of whether the healing practices were scientific, measurable, or goal-oriented (Yeh et al., 2004).

In cross-cultural practice, there needs to be awareness and recognition of the impact of the colonial history as well as the contemporary cultural situation of health care. The effects of colonial power have forced Aboriginals and other minorities to adapt to the dominant health care system. The context of colonialism is significant in understanding the intergenerational effects of residential schools on access to health care and the relationship between Aboriginal peoples and

all health providers (Gerlach, 2012). It was important to consider how historical and intergenerational trauma shaped individual experiences of mental health and recovery from trauma. These influences should inform the delivery of health-related services for all culturally diverse groups (The National Child Traumatic Stress Network, 2013). I was sensitive to the impact of historical and intergenerational trauma and understood how historical and social processes affect the current situation for many people.

Cultural sensitivity initiates a process of self-exploration of one's experiences and how those experiences may impact others (Koptie, 2009). Throughout my research, I critically reflected on and questioned my personal, cultural values and how they guided my research. There was ongoing reflection of how I am positioned in relation to the participants and in relation to the system of health care in which I practice (Gerlach, 2012). My reflexive journal was used to continuously examine my reality and the attitudes I brought into each research encounter (Papps & Ramsden, 1996). I was cautious not to impose my beliefs on the participants and be respectful of our interactions, with each of us coming with our own experiences and histories that influenced our exchanges (Anderson et al., 2003). My role was to recognize the voice of the collective within the individual and to search for meanings by balancing clinical perspectives with the voices of the participants. Part of my process was to recognize, tolerate, and explore my own experiences of uncertainty, confusion, and limitations in cross-cultural research practice. I strived to demonstrate a respectful, nurturing, and open stance that created a space for participants to feel safe to explore their experiences (Kirmayer, 2013).

Confidentiality. The limits to confidentiality must be explicitly stated as part of informed consent to ensure the autonomy and safety of participants. The interview setting may be a safe place for participants to share personal information without the discomfort associated

with regular contact following. The roles of the researcher can become blurred in situations when participants disclose sensitive information, suggesting that boundaries and ethical conduct must be continuously negotiated throughout the research process (Duncan et al., 2009). Participants were informed that limits to confidentiality, such as reports of child abuse or neglect, and harm to self or others would be addressed and reported if disclosed. I consulted with my supervisor regarding any questions or safety concerns.

Confidentiality can be attained through careful attention to record handling and the concealment of identifying information (Corbin & Morse, 2003). All participant documents were labelled with a code number to protect their privacy. Any identifying characteristics were not included on participant's documents or in the findings. Furthermore, the location where the research was carried out is not identified in the completed project or subsequent publications. All documents, including consent forms, recorded interviews, and additional researcher notes were stored in a secure location. The information will be destroyed seven years after publication of the dissertation material.

Quest for Participants

Qualitative sampling is both purposeful and criterion-based, in that, participants are intentionally selected to provide rich and detailed information about a particular phenomenon they have experienced (Morrow, 2006). Specific professionals were contacted to inquire about their interest in receiving information about the research (Appendix D) and to obtain permission to advertise the study. Specific agencies served as gatekeepers in the recruitment of individuals who met the criteria for the study and were interested in participating, although this was surprisingly not the main form of recruitment. Posters (Appendix E) were left at counselling support services, the college, and university, outlining the nature of the study and providing

contact information for myself. Interested participants contacted me by email or telephone to ask questions about the study and to arrange an interview. One potential participant expressed interest in the study, but cancelled prior to the interview due to transportation issues and living in an outlying community.

In narrative inquiry, it is not our goal to reach saturation or redundancy because each person has a unique story with something to be learned from it. The goal was to collect enough material to reflect the richness and diversity of the topic without being overwhelmed by the amount of data. The exact number of interviews depended on the depth of the interviews and the point in which I felt that the amount of data was more than could be contained or communicated (Josselson & Lieblich, 2003). Over a span of six months, 12 participants who met criteria for the research volunteered to be a part of the study. Interestingly, the majority of the participants were recruited from the university so it was not necessary to seek out additional counselling organizations to assist with recruitment. I was surprised by the immediate interest from the community and I feel extremely fortunate for the new relationships formed with the participants.

Three male and nine female adults aged 25 and older with histories of childhood trauma were recruited through a combination of post-secondary institutions and counselling support services. The age criteria selected for the study was based on the assumption that older participants may have had a longer time to try various treatment approaches and interventions. Part way through the data collection phase, the age criterion for the study was lowered to 25 to be inclusive of all interested participants. Amendments to the age criteria were approved by the Research Ethics Board.

The participants included for the study identified a history of one or more types of maltreatment in childhood (sexual, physical, and/or emotional abuse, family violence, or neglect)

that occurred repeatedly over time. The participants voluntarily agreed to take part in an individual interview that was audio recorded and they were compensated with a \$50 honorarium at the end of the interview. As a way to show my appreciation to the participants for their time and contribution to the study, they received a gift card to a grocery store of their choosing. Additionally, parking fees were covered for those who requested to meet at the university.

Inviting the Stories

The time and location of the interviews were negotiated with participants based on their comfort and convenience. Participants chose to complete the interview in a confidential setting at the university or a community agency located downtown, with the exception of one interview where I was invited to a participant's studio for healing. Individual interviews were held in a private space or office to protect the privacy and confidentiality of the participants. The length of the interviews ranged from one to three hours, with breaks offered as needed. The purpose of the study, the limits to confidentiality, and consent were completed prior to the interviews. Participants were informed they could not give consent to participate in the interview if they reported and/or appeared intoxicated by alcohol or drugs. Requests to have the audio recorder turned off for a portion of the interview were respected.

The interviews were recorded with two digital audio recorders and additional notes were taken at the end of each interview based on my observations and reflections of the conversations. In following a narrative approach, exploratory, open-ended questions were asked (Appendix A). It is suggested that few open-ended questions are more effective for the researcher to be able to elicit stories and deeper meanings from participants (Morrow, 2006). Additional questions emerged throughout the interview process. With the sensitive topics discussed in the interviews, considerable attention and care was taken to ensure the participants confidentiality and safety.

Space was given to those individuals who wanted to share their trauma story. However, the focus of analysis was directed towards the participants' experiences of healing and recovery.

Social Constructionist Interview

The social constructionist interview is a symbiotic event where meaningful conversations take place. Both participants enter the interview already socialized within the context of cultural relationships, and new meaning is assigned to experience through social interactions and historical contexts. Conversations elicit new realities that are actively shared and negotiated throughout the research process. Knowledge was co-constructed in the interviews and new meanings will continue to evolve as they are shared with a larger audience (Gubrium & Koro-Ljungberg, 2005).

Researchers working within a social constructionist framework must address power relations and their influence on the research. In an ideal setting, the researcher and participant actively share the space of the interview, continuously negotiating issues of power and control. However, the space is often unequal because as the researcher, I controlled the topic of the interview, the questions asked, and the voices presented in the analysis. The quality and depth of the research rested on the level of engagement of the participants. The participants had control over the information they shared and how they framed their stories. I was impressed by the participant's willingness to share intimate and personal details of their lives. The quality of the research was strengthened as the participants assumed control of the interview process, adding new perspective and meaning (Gubrium & Koro-Ljungberg, 2005).

This was a very unique interview experience for me. I opened up the interview by inviting the participant to share her experiences of healing and recovery from trauma and the story just unfolded from there. The participant shared her story, covering all of my

interview questions without me having to ask. She guided the interview and my role was to listen and ask clarifying questions for understanding and meaning.

The researcher and participant come to the interview with their own agendas. However, these agendas are in flux and constantly shifting as they are negotiated through interactions. There was a shared responsibility between the participants and myself to allow the conversations to naturally unfold and be open to engage in unexpected dialogue. I entered each interview with the understanding that there were a number of factors that could have influenced the participant's agenda such as the opportunity to share emotional experiences, communicate a message, seek rewards, or contribute to the advancement of science. I realized that my expectations may not fit with the participant's agenda or expectations. I asked clarifying questions, showed respect and understanding, and reworded questions as needed to increase participant's collaboration in the interview (Gubrium & Koro-Ljungberg, 2005).

The social context of the interview influences the way language is used by both participants. Words acquire meaning through social use and sociohistorical determined referents. I recognized the structural and linguistic constraints of the interviews as they were influenced by disciplinary limits and the participant's accommodation of my agenda (Gubrium & Koro-Ljungberg, 2005). In particular, my sensitivity to the language used in the context of the research interviews emerged during the first interview, which prompted a reflection in my research journal.

I didn't fully consider the possible language barriers and how the language I use in the interviews may not elicit information from the participants. Specifically, I question whether the terms counselling and therapy are used interchangeably cross-culturally. It is very possible that some of the participants will not identify with the terms that I am

most familiar with. I need to be mindful of these differences as I engage in future interviews.

The interview is a collaborative process in which the various roles of the researcher and the participant are shifting and continuously constructed. The stories reflect co-constructed representations of the lived experience of the participants and my goals as the researcher. I acknowledge that the voice of the participants is not static, but situated within a particular social and historical context. The meaning becomes a documented reality that is negotiated throughout the research process and the meaning making will continue through various readings of the final document (Gubrium & Koro-Ljungberg, 2005).

Narrative Interview

A narrative interview is defined as a conversation with a purpose that is relational and interactive (Enosh & Buchbinder, 2005; Morrow, 2006). The researcher and participant are conversational partners who observe and influence one another with the shared goal of understanding the participant's subjective experience. The researcher works alongside the participant to construct a version of reality through their interactions. This is a collaborative co-constructed process as both participants and researcher are active in meaning making. The what (the content) and the how (the way in which the meaning of the content is constructed) are significant elements of the interview (Enosh & Buchbinder, 2005).

Chase (2005) proposes a conceptual shift in the research relationship to one that considers participants as narrators with stories to share and voices of their own. A goal of the interview is "inviting stories" by framing the interview with a broad question, and allowing the participants to share whatever is important about the topic in question. I assumed a non-directional listening stance and a conversational style to create an open and flexible interview

setting (Chase, 2005; Hollingsworth & Dybdahl, 2007; Morrow, 2006). Multiple layers of narrative context were revealed in the interviews, as my questioning process prompted one to move from broad descriptions to specific details of events (Mattingly & Lawlor, 2000). As a narrative interviewer, I allowed the conversations to unfold by encouraging dialogue about controversial or difficult topics with value placed on the different styles of discourse (Chase, 2005; Hollingsworth & Dybdahl, 2007).

Rogers (2007) introduces a method of interpretive poetics to guide the listening and responses in the interview setting. These interpretive readings or layers informed the interviews and were also used as an analytic tool for reading the texts. In each interview, I carefully listened for story threads that played against one another, disappeared, and re-emerged. I found myself attuned to any negations, revisions, or silences in the stories that may have been used to divert attention to a safer place. It was interesting to consider whom the narrator was speaking to, which at times reflected the inner self, the listener, or others. I also found myself listening for the narrators opposing voices, defined as the divided “I”, which reflects the discrepancy between the imaginary I who upholds the ideal self and the faltering “i” that is revealed through slips of the tongue or unconscious signifiers. These unconscious signifiers tend to repeat in dialogue in ways that the narrator cannot hear. I listened for recurring words or phrases to uncover meanings the narrator may not have intended to reveal.

Power-in-relationship is a recurring issue in research involving people and stories (Hollingsworth & Dybdahl, 2007). A reflexive stance helped move the relationships towards a more equal position of power (Mills, Bonner, & Francis, 2006; Salois, Holkup, Tripp-Reimer, & Weinert, 2006). Creating balance over the flow and content of the interview was important in creating an egalitarian working relationship (Mills, et al., 2006). Building trust and rapport with

participants was accomplished by treating the interview as a two way process involving the gathering and giving of information (Clarke, 2006). The interactions were a mutual sharing, with an understanding of the influence of both researcher and researched (Salois et al., 2006).

Approach to Analysis

Transcription

Transcription is an interpretive, constructive, and selective process that familiarizes the researcher with the data and informs the early stages of analysis (Braun & Clarke, 2006; Davidson, 2009). My knowledge, beliefs, and interpretive stance influenced the transcription and analysis of the research interviews (Braun & Clarke, 2006; Davidson, 2009). To begin the transcription process, I listened to each audio taped interview from the beginning to the end, reflecting on the conversations and meanings. This initial stage of interpretation helped to refresh my memory of the interviews and the meanings of the participants' experiences.

As I worked with the interview data, I realized that the emotional intensity and relational context of the interviews could not be fully represented in the transcriptions. Audiotapes and transcripts are tools used to portray and re-present the participant's voices. However, transcripts are partial and incomplete, as the relational, temporal, and spatial contextual information cannot be truly reflected in the written transcripts (Lapadat & Lindsay, 1999). I found myself completely immersed in the data during the transcription of the interviews (Morrow, 2006). By listening and re-listening to the interviews, I began to make sense of the data and the details became more visible (Lapadat & Lindsay, 1999). New meanings emerged with repeated readings of the transcripts, listening to the recordings, and review of my observations and contextual notes (Morrow, 2006).

The funding from the Research Project Award helped cover research costs, allowing me to hire a transcriptionist to assist with transcribing the research interviews in a timely manner. As I began transcribing the first interview, I found myself questioning my plan to hire a transcriptionist and recorded those thoughts in my research journal.

As I work through this first interview, I am aware of the heaviness of the story which is making me question the safety of hiring a transcriptionist. Based on my training and experience as a counsellor, I feel adequately prepared in hearing stories of trauma and loss and understand the care needed to process the stories in a safe way. How will these stories affect the person who is transcribing them? What safety protocols can I put in place to ensure the emotional safety of this individual?

To address these concerns, I provided the transcriptionist with information about the study and was transparent about the potential risks of the research, prior to completing the contract and confidentiality and non-disclosure agreement (Appendix G). We agreed to meet in person to debrief her experiences and discuss any concerns. Additionally, the transcriptionist was given my contact information and informed she could contact me for support. We communicated throughout the transcription process and I am grateful for her contributions to the study. The transcriptionist was hired to complete seven interviews and I transcribed the other five. Based on my previous research experience, I valued the importance of personally transcribing the interviews to become intimately familiar with the data and fully immersed.

For consistency and accuracy, I reviewed all of the transcripts and cross referenced them to the audio recordings. I found myself making changes to punctuation and formatting, revising errors in the content, as well as adding contextual pieces. Once the initial draft of each transcript was completed, I listened to the interview again checking the accuracy of the text and making

appropriate revisions. I continued to refine the transcripts until I was satisfied the texts were represented to the best of my abilities. This process confirmed that transcripts, as texts, are open to multiple readings and reinterpretation with each new reading (Lapadat & Lindsay, 1999).

Table 1

Overview of Research Process

Research Question	Interview Question	Narrative Analysis	Presentation
Primary: What are the healing experiences of adult survivors of complex trauma?	Please tell me your story of healing and recovery from complex trauma.	Holistic-Content	First-person narrative summaries
Secondary: What therapeutic approaches, counselling/health/alternative interventions, resources and/or supports assist adult survivors in their healing?	What therapeutic approaches or counselling interventions have been helpful in your healing? What medical, health, alternative interventions have been helpful? What resources or supports have assisted you in recovery?	Categorical-Content	Themes and metathemes
What hinders adult trauma survivors in their recovery?	What has hindered your recovery?	Categorical-Content	Themes and metathemes

For the analysis, the interviews were transcribed as close to verbatim with contextual pieces added. The transcripts were analyzed following a narrative approach to capture each participant's perspective and meaning. The purpose of analysis was to present the essence of each individual story, the themes that emerged within the narratives, and the overarching issues

that occurred across all of the stories. Lieblich et al. (1998) model for narrative analysis was adapted, specifically focusing on the *holistic-content* and *categorical-content* approaches of analysis. The reading, analysis, and interpretation of the interviews were carried out in three separate phases: holistic-content, categorical-content, and metathemes.

Holistic-Content

The initial stage of analysis was focused on the whole story, where I listened to each audio recording while I followed along reading the transcript. I carefully read through the material as openly as possible to capture the essence of each participant's story. The transcripts were read several times to reveal any significant patterns occurring within the entire story. This type of reading was focused on both the content and context of the story. I paid attention to key pieces that stood out and any themes that emerged as the interviews evolved from the beginning to the end (Lieblich et al., 1998). After multiple readings, my initial global impressions of the text were recorded. I focused my attention to the timeline of the story, including references to the participants' ages, different locations, and as well past and present experiences. My objective was to compile the information from the transcripts in a logical and coherent order, focusing on the participants' journeys of healing and recovery. I considered any exceptions or unusual features of the story such as contradictions or unfinished descriptions. I also focused on the space devoted to a particular theme in the text, its repetitiveness, and the number of details provided about it (Lieblich et al., 1998).

The stories were often communicated in a disjointed way, so it was necessary to piece the ideas together to provide a holistic understanding of their experiences and create some sense of order. Each theme was followed throughout the story with awareness of where a theme appeared for the first and last time. There was consideration of the transitions between themes, the context

for each one, and their relative importance in the text (Lieblich et al., 1998). I frequently referred back to the transcripts to organize the narratives of healing into a beginning, middle, and end.

The main ideas from the transcripts that were most relevant to the primary research question were highlighted, reorganized, and combined to form the initial draft of the story. I did not omit identifying information or make any changes to the participants' language at this point. The next task was to cross reference the transcripts and stories to confirm that I did not miss any significant ideas. I continued to make changes to the order of events and remove details that were not relevant to the participants' experiences of healing. Contextual pieces were added that I missed on prior readings. Once I felt that I organized and refined each story to the best of my ability, care was taken to remove or change identifying information such as names, locations, and sensitive details that might compromise the confidentiality of the participants. My concern for protecting the identity of the participants resulted in the loss of information from the interviews. It was a difficult task to remove rich data from the interviews to compile a concise and accurate portrayal of the participants' experiences, which I reflected on in my research journal.

Given the quality and depth of the information from the interviews, I am struggling to reduce the rich data in the transcripts. My concerns include losing the essence of participants' experiences and even more so not honouring their experiences by removing meaningful details from the transcripts. I am responsible for selecting what information is included and omitted from the stories, which leaves me feeling uneasy. This is part of the co-construction of narrative inquiry, which is messy, unstructured, and difficult to navigate at times.

I continued to refine the stories by making minor changes in the wording, rearranging the order of events, and revising sentence structure. A key phrase that represented each story was selected by the participants or myself as the title of their story. The narratives of healing were organized into a beginning, middle, and end and presented in the first person.

Participant feedback. At the end of the research interviews, the participants were asked to meet for a short follow-up interview to verify that my interpretations accurately portrayed their stories (Koelsch, 2013). A second interview provides an opportunity for the participant and researcher to reflect on the original conversation and assure that the participant's words and experiences are accurately described. This experience may also expand the description or meaning (Thomas & Magilvy, 2011). I hoped to include the participants throughout the process, but recognized the challenges with people relocating or changing their contact information.

Once the initial phase of analysis was completed and the narratives were reviewed by my supervisor and committee member, I attempted to contact all of the participants by telephone or email. It was not possible to reach two of the participants, as I did not have contact information for one individual and an outdated telephone number for the other. Two participants did not respond and another participant agreed to meet for a follow-up interview, but declined to read her story at the time as she identified current life stressors and expressed concern of being triggered. To respect the participants' time and comfort, they were given the option of providing feedback electronically, via telephone, or in person. The process of participant feedback spanned over four months and involved ongoing communication through email, telephone, and meetings in person. This was a meaningful process for me to collaborate and reconnect with many of the participants. Interestingly, three participants reviewed their story and did not request any changes to their narratives. The remaining four participants actively engaged in the co-constructive

process by removing identifying information, rearranging the content to clarify meaning, deleting information, and editing sentence structure to help with flow. I am extremely grateful for the participants' ongoing interest, involvement, and contributions to the study.

The feedback from the participants strengthened my beliefs that knowledge and the meaning attached to one's experiences is ambiguous, fluid, and constantly evolving. For example, *Suffering into Art* shared, "I have read my story, which I feel is incomplete as I grow into the woman I am. I wish to edit and bring clarity." This response prompted a reflection in my journal.

My initial reaction was that I did not adequately capture her story of healing. However, when we met in person, I was able to understand that the story does not reflect where she is currently at in her healing journey. We were able to discuss the research process and my objective of presenting a co-constructed story that reflected a particular moment in time.

Striving for Change acknowledged that it was shocking to read her story, but it helped her to see how far she has come since the interview. In debriefing with *Finding Myself*, she reflected on how participation in the research had significance in her healing journey. This feedback was especially meaningful for me as it reinforced the importance of the research and the healing that can come from storytelling.

Categorical-Content

The purpose of the second phase of analysis was to further explore the phenomenon of healing among a group of trauma survivors by answering the secondary research questions. In this phase of analysis, the stories were processed analytically by breaking the text into small units of content. The individual stories from the first phase of analysis were used instead of the

transcripts because identifying information was removed and the participants' stories had been reviewed through member checks. The focus of analysis was on the content of the narrative as it was revealed in separate parts of the story. Based on the secondary research questions, all relevant sections of the text were color coded and collected to form a new subtext. I read through each story, selecting all portions of the story that related to a specific topic and ignored other parts of the text. The selected sections from the text were drawn out from the story and treated independently. Phrases or words associated with the primary and secondary research questions were selected, colour coded, and grouped conceptually. Commonly occurring words or sentences were assigned to relevant themes at this stage of the analysis. This included several words from different stories or just one story (Lieblich et al., 1998). I recorded a list of all the themes occurring within each story in my research journal, which helped to organize and group together commonly occurring themes across the participants' stories. A theme was named when phrases from four or more participants were identified.

After several and separate readings of the text, the major content categories that emerged were identified. Broad categories that represented the various themes within the selected subtext provided a method of classifying the text with words, sentences, or groups of sentences. This was a circular process that involved careful reading, suggesting categories, sorting the subtext into categories, and the refinement of existing ones. To preserve the richness and variation of the text, broad categories were defined with more subtle themes. Given the depth of the findings, considerable time was spent revising and refining the categories and themes for conciseness and accuracy. Interestingly, the categories were not identified until a preliminary list of themes had been compiled. For the presentation of the findings, the content collected in each theme was used to descriptively portray the meanings for the group of participants (Lieblich et al., 1998). To

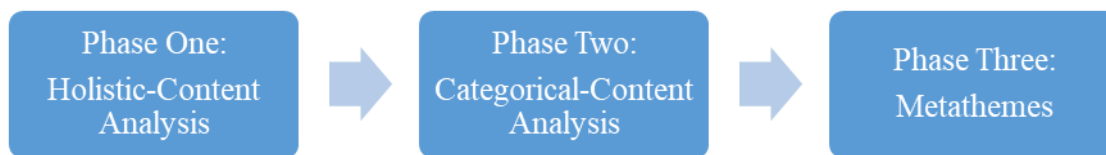
further protect the participants, future publications will include the categorical-content analysis of narratives rather than the co-constructed narratives from Phase One analysis.

Metathemes

The final phase of analysis focused on identifying metathemes that occurred across the stories. The data was decontextualized to examine the meta or broader themes that emerged from the second phase of analysis (Braun & Clarke, 2006). Metathemes reflect the main constructs that highlight the overarching issues drawn from all of the text (Ely, Vinz, Downing, & Anzul, 1997). The purpose of this phase of analysis was to discover commonly occurring themes between the participants' stories and draw conclusions from the findings. These major themes did not emerge until later in the analysis, after months of critical reflection of the categories and themes.

Figure 1

Narrative Inquiry Model of Analysis: Adapted from Lieblich et al. (1998)



Supervisory feedback. Throughout the research process, I sought out feedback and support from my supervisory committee to draw on their knowledge and review my work as an impartial source. I received feedback in all three phases of analysis and for the presentation of the findings. Valuable suggestions were offered on the removal of identifying information, revisions to the organization and structure of the stories, as well as recommendations for the groupings of categories and themes.

Evaluative Criteria

Qualitative approaches are diverse and emergent, which creates difficulty in establishing fixed standards for validity (de Witt & Ploeg, 2006; Lincoln, 1995; Whittemore et al., 2001). There is an undeniable tension between creativity and rigour in the scientific process, adding complexity and challenge for qualitative researchers to skillfully bridge art with quality evidence (Whittemore et al., 2001). There has been considerable debate in the scientific community about the inclusion of new criteria and standards for the evaluation of rigour in qualitative inquiry. Some scholars argue that it is problematic to borrow or apply evaluation criteria from one paradigm to another, as the philosophical underpinnings and methodological approaches are distinct and incompatible (Corea, 2012; Denzin, 2008; de Witt & Ploeg, 2006; Horsburg, 2003; Koch & Harrington, 1998). The quantitative conceptualizations of reliability and validity are not suitable for the evaluation of qualitative research, and have therefore, been replaced by new criteria to provide a more legitimate approach for assessing rigour (Correa, 2012; Horsburg, 2003; Morse, Barret, Mayan, Olson, & Spiers, 2002; Rolfe, 2006; Tracy, 2010). These criteria are meant to serve as, “standards to be upheld as ideals in qualitative research” (Whittemore et al., 2001, p. 528). The concept of *trustworthiness* has emerged as the parallel term for rigour, which is essential to all scientific inquiry to ensure sound and valid evidence (Morse et al., 2002; Whittemore et al., 2001).

Quality research demonstrates philosophical connectedness and methodological congruence (Caelli, Ray, & Mill, 2003; Koch & Harrington, 1998; Miyata & Kai, 2009; Whittemore et al., 2001). An important consideration for this study was the examination of how the ontological and epistemological perspectives impact the methodology. There was continuous reflection on the design and methods to ensure congruence among the research questions, the

literature, data collection, and analysis (Morse et al., 2002; Whittemore et al., 2001). The trustworthiness of this research is concerned with the confidence or believability of both the research process and the final product, which was largely dependent on my skills as the researcher (Connelly & Reilly, 2007; Koch & Harrington, 1998) and the quality of the researcher-participant relationships (Lincoln, 1995).

Validity is understood as a process in which all knowledge claims are made explicit and techniques are applied to address possible threats to validity (Whittemore et al., 2001). There were a number of verification strategies and techniques used as self-correcting mechanisms to modify or restructure aspects of the research process, thus attaining rigour and trustworthiness (Morse et al., 2002). I attended to trustworthiness throughout the study by providing contextual descriptions and a reflective account of the research process (Koch & Harrington, 1998; Miyata & Kai, 2009; Morse et al., 2002).

Challenges to Trustworthiness in Qualitative Inquiry

Researchers are faced with political and ethical pressure to provide open and honest negotiations on the conduct of the research and must implement strategies throughout the research process to address possible threats to the validity of the study (Lincoln, 1995; Whittemore et al., 2001). In narrative inquiry, the researcher is considered part of the research instrument (Houghton, Casey, Shaw, & Murphy, 2013). Therefore, the characteristics and skills of the researcher can impact the trustworthiness of a study. The quality of the research depends on the experience, investigative skills, creativity, sensitivity, and flexibility of the researcher (Krefting, 1991; Morse et al., 2002). My knowledge of the topic and methods, as well as my ability to synthesize the data and make strategic decisions affected the validity and integrity of the study (Morse et al., 2002).

There are specific challenges inherent in data collection and being in relationship with human participants. It can be difficult for researchers to build rapport and trust with participants in a short time span (Lincoln, 1995). Both the researcher and researched will come to the interview with their own interests, expectations, and agendas. There is potential for topics to be reinterpreted, managed, or even resisted by participants (Clarke, 2006). I was aware of how my gender, appearance, body language, and tone would influence the richness and depth of information the participants shared. During the interviews, I allowed time and space for the participants to explore their felt meanings. With focused listening and an openness to accept the participants without judgement, the participants were more willing to explore deeper meaning (Polkinghorne, 2007).

Polkinghorne (2007) identifies four threats to validity that can occur from the disconnect between an individual's experienced meaning and the storied descriptions shared in the context of a research interview: (a) the limits of language to express experienced meaning; (b) the limits of reflection to the layers of meaning beyond one's awareness; (c) the resistance of people to reveal the complexities of their felt meanings; and (d) the challenge associated with the co-construction of texts between the researcher and participant that are not transparent. Storied texts represent a narrative truth that search for personal meaning, in addition to presenting a factual account of events that occurred. Threats to validity can occur because language descriptions of experience cannot truly reflect the felt meaning. The experience is more intricate than can be articulated in language and individuals may leave out information or change aspects of their experiences to present in a more socially desirable manner.

While it is argued the above threats to validity of an interpretation of an interpretation of an experience cannot be completely eliminated, it was my task to minimize the discrepancies

between the participants meaning and the experienced meaning itself. Trustworthiness or confidence in this research was accomplished by clear descriptions of how the sources of validity were addressed in all stages of the research process (Polkinghorne, 2007).

Standards for Judging Quality

Lincoln (1995) proposes a set of quality criteria that are described as fluid, emergent, and relational. While it is noted that these criteria may be more applicable at certain stages of the research process and better suited to specific classes of research, the criteria recognize and validate the research relationship, and demonstrate commitment towards community, justice, and action (Correa, 2012; Denzin, 2008; Lincoln, 1995). The following sections will outline a set of evaluative criteria, based on the foundational work of Lincoln (1995), to judge the quality and trustworthiness of this research study.

Positionality. Research that is honest and authentic is transparent about its own stance and the position of the researcher (Lincoln, 1995). Narrative inquiry aligns with the postmodern assumption that all texts are partial and incomplete, and therefore, cannot represent a single truth (Koch & Harrington, 1998; Lincoln, 1995). The belief that multiple realities exist and all knowledge is socially, culturally, and historically located provides support for embracing subjectivity in qualitative research (Jootun et al., 2009; Koch & Harrington, 1998). The stories portrayed the subjective experiences of the participants which is acknowledged in the context of the research.

There is awareness of the alternative representations that exist and the reality that the situation of the researcher can never be completely separated from the traditions in which he or she is engaged (Koch & Harrington, 1998). This research was shaped by the politics of location and was driven by my values, history, and interests (Correa, 2012; Koch & Harrington, 1998;

Tracy, 2010). However, both the participants and myself have personal experiences and perspectives, and were open about our social and cultural positions, as well as other contextual influences (Koch & Harrington, 1998; Thomas & Magilvy, 2011). The authenticity of this research is judged on the personal, professional, and political stance that I have communicated throughout the dissertation. I shared my position throughout the interviews and invited the participants to actively engage in the research process by reviewing their stories and learning about the research process. I have documented my experiences in my research journal.

Community as arbiter of quality. Lincoln (1995) acknowledges a shift in the vision of what research is, what it is for, and who should have access to it. The implications of research are broad in scope, with more value placed on the connection between knowledge and community. Research is carried out in specific communities, and should therefore address the interests of the community in which it was carried out (Gergen et al., 2015; Lincoln, 1995). Lincoln (1995) describes a ‘communitarian’ approach to inquiry that respects the values of the community, shared governance and decision making, and equity. This shift towards relational research is grounded in the belief that all knowing is relational and value is placed on the connectedness between researcher and researched, and between knowledge producers and communities.

The validity of a research study rests on the consensus within a community of speakers who judge it so (Polkinghorne, 2007). All research is part of an ongoing dialogue and the quality of this inquiry will continue to be judged as it is shared within a wider community context. The validation process takes place in the realm of symbolic interaction and is a function of intersubjective judgment. Readers evaluate the presented evidence and will judge how I made the process transparent in the collection, analysis, and presentation of the data (Horsburg, 2003;

Polkinghorne, 2007; Rolfe, 2006). Judgments will be made on this study as it is presented, assessing for thick descriptions of the participant's meanings, contextual linkages, and transparency of the decision trail (Houghton et al., 2013; Rolfe, 2006).

Voice. The attention to voice refers to who speaks for whom and for what purposes. Qualitative researchers are committed to creating opportunities to provide a greater audience for people's voices to be heard who may not otherwise have access to academic or professional venues (Lincoln, 1995). Chase (2005) suggests that researchers be more deliberate and strategic in defining who the research is for, how it is communicated, and who the target audience is. This means thinking of ways to create public spaces where the narratives of marginalized people can be heard, and reach those individuals who hold more powerful positions or social locations.

Voice is the resistance against silence, disengagement, and marginalization. Researchers can assist those who are marginalized on a journey toward self-determination and participation through the research-to-action continuum (Lincoln, 1995). It was my task to empower participants by acknowledging that they are the only ones who have access to their experienced meaning (Polkinghorne, 2007). My research attempted to listen to and hear the voices of adult trauma survivors and to communicate their stories to a wider audience.

The inquiry must demonstrate a committed stance from the researcher to create spaces for participant's voices in the interpretation of the data and the findings (Lincoln, 1995; Mills et al., 2006). To accomplish this, I carefully attended to unexpected or unusual responses, and the subtle differences in the voice of others, to ensure all the participants' voices were heard (Polkinghorne, 2007; Whittemore, 2001). The extent to which alternate and multiple voices are represented is an important criterion in judging the openness and engagement of any text (Lincoln, 1995; Whittemore et al., 2001). Reflexivity opens the possibility for the research

product to incorporate many voices (Koch & Harrington, 1998). The multivocality of perspectives requires authenticity of the researcher, the phenomenon, and depends on member checks during and after the interviews, asking participants for clarification and understanding of meaning. The actual words of the participants are included throughout the dissertation to persuade the reader that the interpretations are representative and grounded in the lived experiences of the participants (Morrow, 2006).

Critical subjectivity. Finlay (2002) describes the process of reflexivity as a complicated landscape, requiring researchers to negotiate the complexity and ambiguity of self-disclosure and self-analysis. A reflexive account highlights how the researcher's history and personal interests influence the study (Houghton et al., 2013). Understanding one's psychological and emotional states throughout the research process can provide insight about the degree of influence the researcher exerts either intentionally or unintentionally on the findings (Jootun, 2009; Lincoln, 1995). Through critical reflection, I gained insight into personal reactions or influences, the dynamics of researcher-participant relationships, and how the research was socially located and co-constructed (Finlay, 2002; Jootun et al., 2009; Lincoln, 1995). This process helped me to gain deeper knowledge of the research topic and was instrumental to my learning.

Reflexivity is used to continually monitor the research process and illustrate the transparency of the decisions made by the researcher (Finlay, 2002; Houghton et al., 2013). I kept an ongoing record of my experiences, personal feelings, assumptions, and new insights (Morrow, 2006; Thomas & Magilvy, 2011). The reflexive journal was meant to provide the rationale for decisions made and personal challenges that I experienced during the research (Houghton et al., 2013). The reflexive journal was also used to record the logistics of the study, daily schedule, and my questions, problems, or frustrations regarding the overall research

process (Krefting, 1991). This collection of hunches, interpretations, and queries made from the beginning to the end of the study has become part of the final product (Morrow, 2006), adding a dimension of integration and application of new understanding. This tool helped me to become aware of my biases or assumptions that influenced the way I collected and analyzed the data (Krefting, 1991). Both the process and product of research are integrated in the understanding of the phenomenon and were used to enhance my growth and insight as the researcher (Jootun et al, 2009). I recorded my experiences after each interview and included the key pieces as part of the analysis.

By engaging in reflexivity throughout the research process, I have gained awareness of how some of my assumptions have been challenged and others have been strengthened.

One of my assumptions going into this research was the significance of counselling in healing and recovery from complex trauma. This assumption stemmed from my professional experiences and in particular the pressure I felt from other service providers or caregivers to 'fix' young trauma survivors. I have realized that healing is truly holistic and involves many components beyond formal therapeutic intervention. This is an important message to share with clients and other service providers.

My beliefs about creating safety in a therapeutic setting and the healing capacities of relationships have been strengthened from this research and will continue to guide my counselling practice.

Reciprocity. Interpretive work commits the researcher to a relationship of reciprocity with those who participate (Lincoln, 1995; Mills et al., 2006). There is intense sharing of personally meaningful and intimate details, requiring a deep sense of trust, caring, and support between the researcher and participants (Lincoln, 1995). The interview is the setting for the

construction of meaning and knowledge as the researcher and participant give and take from one another and the information generated reveals depth, feeling, and reflexive thought. These interactions lead to new meanings that are contextual and mutually negotiated (Mills et al., 2006). The researcher and participant move between a background of shared meaning and a more focused experience within it (Koch & Harrington, 1998). There is a dialectical interaction between the whole and the part, with each giving meaning to the other. All sharing is reciprocal and understanding is circular (Koch & Harrington, 1998; Salois et al., 2006).

Narrative inquirers must adopt an open, nonjudgmental stance and truly listen to the participants to learn their stories, experiences, and meanings (Clarke, 2006; Mills et al., 2006). My empathy, sensitivity, and genuineness were key to building rapport with the participants (Clarke, 2006). To reach greater depths in mutual meaning during the interviews, I engaged with participants through a willingness to understand their responses in the context of the interview as a whole (Mills et al., 2006).

The inquirer invests in the research process through self-exploration and self-critique with the goal of dismantling power imbalances (Salois et al., 2006). In an effort to move the relationship to a more equal sharing of power, I scheduled interviews at a time and location of the participant's choice. An informal conversational style and a flexible and unstructured approach to questioning, allowed the participants to assume more control over the direction of the conversation (Jootun et al., 2009). My role was to follow rather than lead the direction of the interviews by asking for clarification of definitions, slang words, or metaphors (Thomas & Magilvy, 2011). It was important to share personal or professional information when appropriate and answer questions asked both during and after the interview (Jootun et al., 2009). Reciprocity

was established by being honest about the research process and sharing professional and appropriate personal information with the participants when it was necessary.

Sacredness. There is a sacred and spiritual component of science that is reflected in the ethical and moral practice of researchers. Lincoln (1995) states, “The spiritual, or sacred, side of science emerges from a profound concern for human dignity, justice, and interpersonal respect” (p.284). This research holds high regard for relationships that are based on dignity, mutual respect, and compassion (Lincoln, 1995; Whittemore et al., 2001). Sacredness comes from the egalitarian and collaborative aspects of relationships created in the research setting. It is the wisdom and trust gained from those researched that fulfills, sustains, and motivates researchers to pursue meaningful research endeavours (Lincoln, 1995).

Salois and colleagues (2006) describe research as a spiritual covenant, recognizing the honour and responsibility that comes with being the holder of people’s stories. Respectful conduct requires sensitivity to the cultural, social, and spiritual contexts of all those involved, and the ongoing negotiation with participants to develop mutually beneficial partnerships. The integrity and humility of the researcher is represented through honest and respectful interactions, ongoing checks for understanding and interpretation, as well as humble presentation of the findings (Whittemore et al., 2001). The sacredness of my research comes from the respect and honour I conveyed to the participants for sharing their stories. I was mindful of each interaction and took responsibility for my role in the relationship (Lincoln, 1995). I invited the participants to collaboratively participate in the research process with member checks during the interviews and after the first phase of analysis.

Sharing the perquisites of privilege. It is necessary for researchers to acknowledge the gratitude and debt owed to the individuals whose lives they portray. One has to consider the

recompense for the story to which the author has been granted access (Lincoln, 1995). There is a commitment to share in the responsibility and rewards between researcher and researched. The participants of the study should benefit in some way, perhaps through the insight and knowledge gained into their worlds through their participation in the research (Mills et al., 2006). Narrative inquirers invite participants to co-create a living narrative of the complexity and depth of the pain, love, and suffering they may be going through (Lincoln, 1995; Whitemore et al., 2001). This research experience provided an opportunity for the participants to create a document about the meaning of their lives and their experiences. As such, the participants shared a portion of the ownership and may have experienced a sense of empowerment as they actively engaged in reclaiming their histories and re-constructing their lives (Lincoln, 1995). I recognize that this research was not possible without the interest and commitment from the participants. Their contributions and willingness to actively engage in the study added to the depth and quality of the research.

There is a level of prestige and privilege that researchers gain from their research work, including economic power, professional status, and respect. Researchers must be honest and transparent about the benefits they acquire as knowledge producers. This acknowledgement may encourage researchers to modify or reconstruct their relationships with participants, fieldwork, and their profession (Lincoln, 1995). This research clearly benefits me personally and professionally, which was communicated to the participants in the study. I expressed my gratitude to the participants at the completion of the interviews and in all our communications. Additionally, I acknowledged their role in the final writing of my research and will do so in any future writing or presentations. I will share the information from this study with academic and

professional communities with the goal of providing education and advocacy for trauma survivors.

Summary

The research process created opportunities for me to form new relationships and be fully immersed in every stage of the research. Care and attention was taken to create safety, respect, and autonomy in the research relationships. Issues of consent and confidentiality were addressed throughout the research process and my moral and ethical practice guided all interactions with participants. The interviews were conversational and unstructured to elicit rich descriptions of individual lived experience. New meanings and insights emerged during the conversations, reflecting the co-construction of knowledge.

The interviews were transcribed and analyzed following a narrative approach in three phases: holistic-content, categorical-content, and metathemes. This three phase analysis focused on the context of the entire story, the themes occurring within the stories, and the overarching themes across the stories. The inclusion of member checks, committee feedback, and a reflexive journal enhanced the authenticity and validity of the research findings. Chapter Four presents the co-constructed narratives of healing shared in the context of a research interview and situated in a particular moment in time. The narratives reflect my interpretations of the meanings attached to the participants' experiences. However, new meanings continue to emerge and evolve with each new reading of the text.

Chapter Four: Narratives of Healing

A holistic-content analysis, based on Lieblich et al. (1998) model of narrative inquiry, was used to answer the primary research question: What are the healing experiences of adult survivors of complex psychological trauma? Phase One analysis focused on the content from the research interviews to present a holistic account of the participants' healing experiences. The transcripts were read several times to capture the global understandings of the participant's experiences. The information from the interviews was grouped, compiled, and reorganized to provide a cohesive representation of the participants healing and recovery from early trauma. The participants were invited to collaborate in the research process by providing feedback about the presentation of their narratives, reflecting the co-constructive process in narrative inquiry.

The participants included male and female adults aged 25 and older who volunteered to share their experiences of healing from complex trauma. The narratives are rich descriptions of the participant's healing journeys and my interpretations of the meaning they attach to their experiences. The reader is invited to witness and experience the inspiring journeys of healing and recovery. It is with reverence and honour that I present the 12 narratives of healing: *Safety in the Wild, Choose to be Different, Strength in Community, Finding Myself, Striving for Change, Culture as Free Choice, Letting Go, Carry On, Achieving Wellness, Awakened Spirit, My Inner Warrior, Suffering into Art.*

Safety in the Wild

The first time I told a counsellor about what had happened to me, I was probably in grade 12. The teacher of the history class approached me one day because he noticed that I was having problems. I think I was just desperate to talk to somebody but I didn't realize it. I loved high school because it wasn't home. Home was the scary, violent place where I felt terrible. School

was safe and I had friends who were respectful. But obviously you can't leave that home life when you come to school, so he picked up on something and he mentioned it to the counsellor. She pulled me aside and asked me if I wanted to talk and that was the first time I admitted to someone what had happened at home. I remember just thinking, wow someone cares. Someone is asking me to talk so I told her all about it and cried of course. She was the kind of person who was really nurturing and honest and I really liked her.

I didn't really see anyone else for years probably until I was about 20. I had this weird episode where I was driving in a car in the lower mainland and I wanted to drive the car off a bridge. The idea just came out of nowhere and that scared me enough that I thought I should go talk to somebody. I went to the local clinic and they suggested I go to this doctor. She was a psychiatrist. I found out later, but didn't know the distinction before. I didn't really know anything about her or who she was, but I went in there and the first thing she did was give me an instructional video on Prozac and recommended that I go on this drug. That was the last thing I would have wanted or needed at the time. She wasn't even interested in talking. She threw the video cassette my way within the first eight minutes, easily. I never watched it. It was an odd reaction, like a woman comes in and tells you, "I almost did this and I'm really scared" and she didn't want to know anything about my life. She didn't ask. I remember that. But of course she was a person of authority. She was a doctor so I thought okay well she knows what she's doing, but after leaving there with the video and the prescription, it didn't seem like the right thing to do. I'm glad I didn't. I don't feel like I have mental illness issues so that probably would have started me into some weird world. I probably just wanted to talk to somebody but anyways I never ended up doing that at all.

When I was in university, I tried to look for resources on abuse and didn't have much luck probably because I didn't know how to look for scholarly articles at the time. I read one time that adult survivors of childhood abuse pick up things that are non-verbal better than other people. I've always done that to the point where it makes me uncomfortable. I sometimes wish I didn't have that ability because some situations either with strangers or with friends, I almost can't handle it because there's too much information that nobody else is aware of. I read that was because when you're a child and you're trying to survive at home, you learn to pick up the tiniest clues that give you an indication of when the grownup is going to snap and kick your ass or give you the sign to disappear or run away or defend yourself or something. When I was 21, I had no idea that there was knowledge out there or there was something that tied me to other people that had been through trauma. So learning about that on my own was one thing that helped.

I got a really good position in local government when I was in my early twenties. I was really good at what I was doing and my boss at the time decided to assign me to something that was a big responsibility. It ended up being a bit of a disaster and that really set me back because I thought I am not capable of this. I ended up leaving that line of work altogether. I think I just jumped into doing something that I wasn't ready for, so that had consequences on my self-esteem. It kind of puts you back into this terrible self-doubt. For a while after that I was like what am I going to do now? I suck at this.

Then when I was probably 29 or 30 I was working at a really good job and just kind of struggling at work again because of confidence issues which I've had my whole life. I really struggle with having any self-esteem in anything I do even though I'm in a very good position right now. I have a good income. I got here because I earned it and I still always doubt myself. I still don't feel like I really belong anywhere. I don't know if I'll ever be rid of is feeling that I'm

stupid because that was one of the things that my mom used to always tell me. I have this belief I think that I'm stupid even though I have a Master's degree. I've had very good jobs my whole life. I often get a weird anxiety about being in social settings but it's not like being in professional settings. Those ones are where I get this horrible feeling that people know that I'm stupid. I'll leave there and just think of everything I said and why everyone else must think that's just a stupid comment.

I went to see a counsellor and those were expensive sessions but they were all really useful. I went to weekly appointments with her for about a year and she was able to explain a lot of things to me and just having someone listen was very helpful. She was very knowledgeable and I think she was very academic. She pulled things out of the literature about what various philosophers and people from other disciplines thought about the universe and the way the world works. She was kind of situating me in the larger context which was helpful I think because when you're sitting there having to tell someone about these horrible things that are happening, you do feel kind of alone and isolated. So inserting things that give more of a historical context and maybe more of a global one, like explaining how power structures work because if anything that's what it was about.

My mother immigrated; she didn't know the language well. Her husband was off doing a job for days at a time and she had no support. She was a woman who lived here in the 70s. She didn't have a lot to draw upon. She didn't have a lot of options. She came from a developing country and probably didn't realize that her only option was to get married and have kids. So situating the violence in a larger context so that you understand that it's not personal. One of the key things I got out of the counsellor was understanding that none of this was really personal. That it actually has nothing to do with me as a human being. I always felt was that there was

hatred. It was like, “She hates me and she’s trying to kill me.” The counsellor was really good at speaking really frankly too. She was like your mother was trying to obliterate you basically. She wasn’t mincing words whatsoever. That’s exactly what it feels like when your mother is trying to beat the shit out of you for nothing. The strong language and being honest about what happened was helpful.

One of the things the counsellor brought up is we have this view of mothers as creators and nurturers. There is a very Westernized cult around motherhood and how women are just inherently giving and that is completely the opposite experience that I had. She was drawing a little bit on Eastern philosophy I think with the idea that mothers are creators and destroyers. The only side of my mother that I ever saw was the destroyer side, so the concept of mother and motherhood always had a really f’d up meaning for me. I’ve never wanted to be a mother and I’m sure that the abuse was at least like 70% responsible for that. It doesn’t bother me. I’m happy with my decision. But the counsellor just knew exactly where to put the blame.

One of the things that she suggested was that my mom and I do counselling together and I just recoiled from that suggestion completely because I thought how on earth would that work? I don’t think you can abuse your own child without having some kind of severe mental illness because that is completely going against all our instincts as humans. You want to protect your children so I’m like if she did that, she must have several screws loose.

I try to maintain a relationship with my father. I thought about not having a relationship with him because to be honest he wasn’t around a whole lot when I was growing up and so in a way he’s partially to blame for what happened. I feel like if I didn’t talk to him I wouldn’t really have any parents, plus I feel sorry for him. I also feel sorry for my mother. I pity her and I have a weird guilt about it. It’s horrible, horrible guilt, sometimes about the fact that I’m not closer to

her. I don't understand why I have it because she was horrible to me. I do talk to my mom occasionally, but it throws me off so when I make the decision to talk to her I have to make sure that I don't have anything important to do. I don't know if she even understands like any of that. I sometimes wonder does she know why I hate her so much. I hint at it but she's either in deep denial or she really was totally out of it when these things happened and has no memory. I don't have the time or the emotions to spare figuring it out with her. I remember bringing it up once to her a few years ago and she told me to get over it. My immediate response was I hate you even more. My second was you can just go to hell. I don't care about you. There's no reason to. I'm not going to waste my energy. I learned how to manage it but I haven't divorced myself from her altogether.

When I did my Master's, I went to see two different counsellors and those were extremely helpful sessions. The one counsellor helped deconstruct all the things that I was thinking and feeling and really pointing out why they were very silly. She was making sense of all these things that I was feeling and applying a framework around it that made sense to me. So that was very helpful. I obviously need to tap into those kinds of things more often. I mean when your life happens, it's hard to find time to do this I guess but when you do it, you realize how important it is.

The counsellor had some techniques that were very useful. She gave me photocopied images of self-doubting phrases that you tell yourself and why you're telling them. She made me do these little exercises that were really helpful and I ended up giving a copy to a female friend of mine who found it useful. It was more just about the counsellor's particular manner and her ability to be able to relate actually because I think she had a lot of not positive experiences as a child too. That probably isn't essential. She was really funny, so she brought humorous stuff into

it too which helped. She had like a no shit approach, but she also told the truth and it was funny. Whereas the counsellor down south was quite a bit more academic about it and that appealed to me too because I like understanding what people have written about it. Neither of the counsellors were afraid of assigning blame or naming the problem and naming what happened and that helped a lot. They were like this is what she did to you and that's fundamentally evil and you know this is maybe why and it has nothing to do with you.

I don't think it's a coincidence the most effective counsellors for me have been women. I think that's a large part of it. I actually had a bad experience with a male counsellor but it was about something else. I guess that's just my preference because I feel like women understand a lot of things that males just inherently don't because we live in a patriarchy. A lot of the reasons these problems exist is for that, so I just feel like they're just not going to get it. They're not necessarily going to pull the same things from their education maybe. It's just an assumption but I don't know.

Talking to people has been a really big way to cope, but it's not the kind of information I give to people I know. I don't share it with friends. My partner knows and past boyfriends have known but I really feel like it's a burden. When I have told friends in the past, it's never led to good things because either they know that about me and so that colours how they see me or they know that about me and it doesn't really change anything about how they relate to me and I have a problem with that too. I never get anything from telling friends really. I mean even my partner now can't relate because he had a stable family and all my partners have and most of my friends have, but every so often I meet a friend who really gets it because they had a bad parent who beat them up or was abusive. I don't have any friends like that now, but just talking to people has been an immense help.

It's really important for me to hang out with people that are a certain type of person. Like not a really self-absorbed person. It's hard for me because I don't like talking about personal things. I like talking about what's going on in the world. I like talking about politics, movements, and serious issues. I don't want to talk about someone's home renovations or even their baby, like other people's children just never interests me. I don't care for children, so I feel like I have this kind of antisocial streak.

I had a job down south and we would always go socialize on Fridays and I realized I have no patience for talking about certain things. I remember one of the counsellors told me, well it's no surprise because one of the things she suggested was that I'm annoyed by other people enjoying themselves in a social situation because I can't necessarily. I do think that's a big part of it when she said it that way. Maybe I've always resented people that can talk about frivolous stuff and personal things that in my opinion aren't that important. So that was quite the revelation too actually when she suggested that. I don't know if she's right, but I do relate to that quite a bit. I don't really like talking about stupid things and I get really cranky and impatient when other people do, especially in social settings which is when people are allowed to talk about that stuff. It's just something I know about myself so I don't put myself in situations like that a whole lot. I guess that's one weird way in which the abuse has maybe shaped who I am as a grownup.

It's nice being around other people that are kind of compassionate too, so when I have to be around people that aren't, that's difficult. Often times I just end those relationships when I realize that it's just not going to make sense to be friends with them because they take too much out of me. All my life my woman friends have been very important to me, more than any relationship. It's hard because I have two very close friends and one of them knows about what

happened to me and the other one doesn't. When they don't know about what happened there's always that weird barrier, but how on earth do you communicate to someone that you hate your mother and this is why. What will they think of you afterwards, especially when they kind of like your mother because they've met her and they think she's sweet. I guess I just kind of delineate things so that topic never comes up or I never overlap with them and my mother.

I have had probably like a lot of women, bad moments with males, where they do something bad physically. That seems to be unnervingly pervasive now. My current relationship is very healthy and he's never been physically abusive; my previous one the same, not physically abusive. The one before that he had a few moments where he was, but I've been able to get out of it. I can spot an asshole from two kilometers away. I stay the heck away from them. I think it's just one of those things I developed. I don't know if abuse survivors tend to be extremely judgmental about other people, but I am. I'm judgemental about other people, everybody.

I've been really lucky. So that's another thing that helps too, I remind myself how lucky I am all the time. I wake up in the morning and even when I think about being a kid, like a lot of kids don't get fed three times a day. I was fed three times a day and I have to be grateful for that. My mom didn't have a clue how to raise me but she put food on the table. I went to school, and I got picked up. I had those basic things. Just focusing on what I'm grateful for in my childhood and for what I have now has really helped. I've always known how lucky I am and I think part of it has to do with class. I was born and raised in the middle class. I've always been lucky enough to find and hold jobs, so I've had an income since I was 15 just from working. I happen to have been born into the right social class to always have those supports. My dad has given me money here and there and that's been helpful.

My family was Catholic so I went to Sunday school and church all the time. Even though I have a lot of big criticisms of the church now, I think that's another piece of my childhood that I would have been lost without. I always had that belief that there was a guy with a beard out there looking out for me and that I was not absolutely alone even though it felt like that most of the time. This woman might be trying to kill me, but there's someone who's watching me. I think that also allowed me to cope. We would have a Sunday school teacher tell us stories. We learned about caring for other people and really basic things that probably all kids learn but for me I learned it in that context through religious teachings. I guess that was an environment in which I was able to have some safety, and an older person with authority telling me these are the stories. They're based on this idea that some person, Jesus or God is looking out for you because he wants these things for you. It was kind of like someone else in life can look out for you, other than these people that you go home to. So that was hugely helpful too.

When I go to mass now, I feel completely at peace standing there, singing, and just being around other people. So having a faith community, you know in the middle of mass you shake hands with other people, they're strangers but they're part of the same church, it's just helpful being in a community like that. Every so often I'll go to my closet and I'll put on my nice clothes and I'll walk, often alone. I don't really impose it on my partner. He's expressed that he would be happy to go with me if I wanted, but I kind of like going alone. It doesn't scare me at all. It's nice having that community. It's kind of like a nonjudgmental environment, even though I'm guilty of judging everybody and everything around me all the time. I like not having that on me. I still actually believe that someone's like watching out. It seems silly now that I think about it, but I think it's just a nice comforting idea to have.

I didn't really have any mentors and one of the things that has kind of made me angry as a grownup now, is realizing that there would have been grownups in my life who must have noticed that something was off but no teacher ever intervened until I was 16 or 17. No one ever asked, no one. I was obviously withdrawn. I didn't really make any friends. I was not good at academics when I was little. I didn't like any sports. I was probably a weird kid so it makes me wonder why any of these adults didn't do anything about it.

When I was 15, I got a job at a little local wetland educational organization. I had a really good boss and there was another fellow who was just a grownup that was around. I think I'm just really lucky they were there. I'm still friends with the one fellow and his wife. They are kind of like parents to me I guess. I've always had them in my life since I was 15. I never told them anything but I would go to work and he would ask me my opinion on things and he would get coffee for me. So that meant a lot. To this day I would never divulge that stuff to them. It's perfectly fine that they don't know. They don't realize how important they've been. All you need I think is one or two people, like a grownup because it was the grownups that were the betrayal for me. It helped to have someone there even if they weren't exactly parent-like. They were a grownup who didn't want to kill you.

Occasionally I'll have a bad night where my brain will just fill with all these things that I really I don't know how to deal with. I won't be able to sleep the whole night and I'll just cry all night. I get random kind of cries and it still happens now. It's happened all through my adult life where I just have no control over it. I'll be on the bus. It doesn't happen usually when I'm around other people, but if I'm alone and I think of something, I'll just start crying and there's nothing I can do about it. I don't think it's necessarily a bad thing.

I like reading. Anything I can do to get my mind out of myself I guess. I don't really like thinking about personal things too much. I like to think about the bigger picture a lot. I've always followed environmental issues and environmental movements quite closely. I like to read books about social movements. I try to get massage therapy as regularly as possible. Like once every couple of months, although I wish I could do it more often. I love working and I love having a pay cheque and then school, those have been really central to me. What I'm doing for work is really important to me. It's great in my job because I'm basically a one man show. I report to my boss, but I don't have to work with other people. I'm not the greatest at working with teams so the job is perfect because I can control everything.

My partner has called me autocratic. I need to control a lot of things and obviously to stay in a good relationship, I need to let go a little bit of that. I've always been autocratic with my own life because that's just the way I am. I guess when you're a child and you're in an abusive situation you have no control, so you're probably inclined to grasp onto every piece of it you can when you're older. I need to plan everything by week basically and I feel a lot more at ease when I can do that. I have to put in a little snow shoe trip out to the inland rainforest or a camping trip out to the Rockies. I'm an obsessive planner actually and it drives him crazy. I need to know roughly if that's going to happen and its okay when these things change, but I really need to write them down. That really helps me and when I can't do that I go a little batty. It's just really important for me.

I always really appreciate having the natural environment to go into because I realize that all the skills I ever developed that are of any kind of consequence came from being able to escape out into that and figuring out how my world works just from being around other children and being in nature. I love taking walks and going camping and basically being as far from other

people as possible. I often do that now with my partner because he also likes that. It's the one thing that makes us both experience complete and total happiness is being out of human civilization. There's a lot of things about living in an urban area that I've always experienced. I don't know if this is the right word but kind of like little traumas I get. Traffic noise really drives me nuts. I know it's really bad for my mental health to be too much in noise and traffic and dust and all that stuff. I think humans in constant urban stimulation is totally incompatible. It just seems to be a pattern I've noticed throughout my life is that everybody becomes completely human when they're out in nature and the same thing with myself and my partner. I love that because there are no reminders of all the horrid stuff that happened and you can leave everything behind when you walk into a beautiful forest and go for a walk.

It's funny for me when people get scared about wildlife or bears. For me being at home was the most dangerous place to be whereas forests have always been the safest place for me. Nothing bad has ever happened to me in a natural area so having those places is so important and that has catalyzed a lot of political feelings in me. I really feel like we need more parks and protected areas. They can't industrialize the entire landscape.

I'm not like a sporty person. I go for runs occasionally but when I go out in nature it's strictly to listen and breathe in the fresh air and look at the plants and feel the trees. I think it's a really elemental instinct for me to just want to be in a place that I had nothing to do with creating. Like no matter what I do, I won't be able to control it so it's almost like a feeling of weird relief actually. It's like moving myself into an environment where I have absolutely no control over anything and it's great. I think going out into certain natural places always feels like home and whenever I'm exploring landscapes where there are no people, even if I am totally unfamiliar with them, I'm always way happier than I am when I'm in any building or anybody's

house. I feel like the things I do every day, they're survival. I'm very lucky but I'm most happy when I'm out in the landscape without the reminders of industrial civilization. So getting outside and just being in the green, breathing the air, being with someone, walking and talking is great and I like doing it alone too.

A few years ago I remember googling adult survivors of child abuse or something like that and the only thing that came up was a community support group in Australia. I was hoping to find something local and nothing came up. So having something google-able might have been helpful too. It would have super helpful to be able to talk to other people who had been abused physically by their parents. But like I said I really lucked out. Most people when they meet me or whatever wouldn't know. I consider that to be a good thing. Not that I'm embarrassed or humiliated about what happened but being able to talk to other people would have helped, you know same age, different ages, different cultures. In general I've been able to filter out people that I just don't want in my life. I have never had to suffer through a job where I had terrible co-workers or anything like that. Everything has been by choice so that has been completely as a result of probably just the privilege of being born in the middle class. It must be really hard to break out of that if you don't come from a family with a little bit of money and the means to support yourself, like I always had.

Choose to be Different

My healing started with counselling because when I was finishing high school I went to see a counsellor. I wasn't doing that well in sports. I'm very gifted physically, but mentally sometimes I would have bad days or I just wasn't into it so I wanted to know what was going on there. I went to see a counsellor and it was actually all done through my church. I knew who the guy was so it was friendly. I thought we would talk a lot about sports but we ended up talking

very little about sports. He wanted to talk about my past and his technique was to make me think about how things had changed. I grew up in Europe and I came to Canada when I was in my pre-teens so we talked about the differences in living in Canada. I became aware of the differences and it made me realize that I have a choice. I think when you are a child you don't feel you have as much choice and you're just going with it. When you are older you feel that there is choice in your life. I became aware of the choices and that you can actually create yourself in a way you want to create. There's that freedom.

The counsellor helped me see things that were happening during my early years and then how my behaviours changed. I started analyzing and thinking about my behaviours rather than just doing it. I was given tools in interacting with a counsellor to learn that method of listening and saying something to make me think deeper, think about it forward and backward, and think about it from different point of view. He would say stuff, "Back then so you're stepdad did that, what would your grandmother do? What would your mother do?" You realize she would do things differently and begin to question, "Why did that asshole do that?" So you figured out that method. I think where I'm lucky is that I had a good family growing up in Europe and it wasn't perfect there either, but I had that base. If I came to Canada when I was really young, I would have really been damaged by the way my stepdad acted.

I remember the counsellor made me work on my positivity. For a week, he wanted me to think about every time I was thinking. He gave me exercises to think of the positive and negative which really helped. It was just a very slow and painful process but there are people out there who want to help. I figured he would talk more, but it turned out that I ended up talking lots. I think that was helpful because you end up talking, but you also end up listening to yourself. By listening to myself, I can see when something is wrong and it makes me think about it. It helps

me to identify those things which I'm not aware of. It also helps me correct myself because I wanted to go to a counsellor because I wanted to change. I wasn't happy with my results in sports so I wanted to change that. Just by him listening and letting me kind of hear myself because you don't get to hear yourself a lot. Like how often do you get to talk about yourself for an hour to people? Nobody wants to do that. I found just the ability to hear yourself, to have somebody listen to you, and I think it's important that I wanted to change.

The counsellor was very calm and open to listening. You can tell him the stupidest shit and he doesn't even react to you. It makes you feel open to say stuff and that really helped. I think you need to go to counselling for quite a while and once you do that, it's going to make a difference because you get to see those patterns and a counsellor picks up your habits. A lot of times they want to talk about your past, but you talk about how this happened to me today and the counsellor asks, "So has this ever happened to you before?" You're like five years ago the same thing happened and it makes you go back to the source. Once you've identified a source, you go okay I can get past that.

The counsellor was so laid back that I kind of wished that he would actually get to the point once in a while. I could see the point a mile away but he was just not getting there. Sometimes I wished he would not waste my time so much. You need that psychologist or counsellor to move at your speed because he really needs to baby you at the beginning. I'm sure he does. But once you have that structure and you're kind of figuring it all out, like get that train going and keep going fast. You don't need to slow it down. Now if something happens to you again or you have a step back, then maybe we need to baby him a little bit more but I think that was just his personality and that was what worked for him. In the end I was getting bored. After

a while you think am I just doing this so he has a job? I was starting to think like let the person go. Just tell them you're cured. I think that would have maybe helped.

I remember I did see him a few times years and years after. I wanted to talk to him and update him a little bit. I kind of can see you don't need to necessarily go for counselling every ten years, but it's almost like you need a shot; maybe every three or five years just to update the person because you build a relationship with them to a certain point. I personally think psychologists and counsellors are helpful. I don't know if they're all good. I don't know what percentage help people but I found him very helpful.

After that I went to university and I took quite a few psychology classes. The psychology was good because I learned a scientific method to study human behaviour. One of the most important classes that helped me was Psychology of Criminology because basically for a month all we talked about was psychopaths. That's where I came to the conclusion that my stepdad was a psychopath. It was weird when this guy was lecturing about psychopaths and I was like, "I know that." It wasn't new to me. I just didn't know the label. I think that was important because I could sort of scientifically understand it. It was quite an eye opener and once you learn that you go, "that's exactly what my stepdad did in that situation." It all comes flooding back. It's like you didn't understand it before, but now it comes back and you look at it from a totally different point of view.

I was so sure that my stepdad was a psychopath that I even talked to the counsellor that I had years ago. I told him, "I think my stepdad is a psychopath and what do you think?" He said, "Well I can't be calling him that but I definitely think he's got psychopathic tendencies." Obviously the counsellor never told me that he was a psychopath, I figured that out by just taking psychology classes in university. I also know from psychology that you need to go see a

psychologist or psychiatrist to actually call someone a psychopath. You can't actually say that's what he is because the counsellor was not 100% sure, but it kind of re-confirmed that for me.

I think a big part of my healing is knowing that I have choices. You have problems that are caused by that person who did those horrible things to you. They're subconscious in your mind and you don't think about them, but then someone in psychology makes you think about it and shows you there are choices to how you act. In university, my favourite professors were actually the philosophy professors and the debates of: do we actually have choice or are we just destined to do things. All these things were mentally causing me to see that I have a choice and I'm comfortable with that choice and the ability to see in the past. It's very much a mental process for me because I'm not aware of all these things. It's sort of like if I use Plato's Allegory of the Cave. I'm seeing those shadows on the cave and I need to go outside and experience that there is more. I need people to challenge me. I need the philosopher to challenge me to think this way and so all these people are helping me to heal from my stepdad.

A problem that I've noticed with having an abusive stepdad is that it has really caused me to question authority and people in control. I really don't trust authority a lot and for me to trust someone is pretty much impossible. My stepdad lied all the time. Since my stepdad was such a liar, I'm the most honest person ever. I say what's on my mind. I find if I hear of people who aren't honest with me, I don't want to be friends with them. I really avoid people like that. I think that is sort of healing me because I don't want to pass that trait onto other people. Lying really hurts the relationship. I think it's one of the most fundamental things. Even if you say something that I don't like, I prefer that over lying. So I'm kind of creating that for myself and I'm aware of those things.

I took a lot of philosophy classes in university and there was quite a bit about lying. One of my favourite philosophers is Socrates and he talked about don't cause harm and don't do it even once. He doesn't want you to do negative things because they become a habit. It's the same thing with lying, so I really avoid that to the best of my ability because I feel like it can just become ingrained and I'll repeat it. Not that I think I'll become like my stepdad because I'm not a psychopath. I'm definitely not unemotional and cold. The concerns I have now are how many things are ingrained in me and am I doing something subconsciously because that was what I learned. When I have a child am I going to subconsciously do something my stepdad did because I really don't want to be like my stepdad at all? All that damage caused by his abuse is not going to be fixed in an hour and it is not going to be fixed by pills. I am not a fan of psychiatrists prescribing pills. I need to learn what the habits were and I need to change those habits. By going to school you analyze things and it made me think about all those habits I may have picked up as a child.

I found that the classes in philosophy and the professors gave me the tools to find answers. I think about how does this apply to me? Before I went to university, I would sometimes get frustrated if I had a problem I had never dealt with before, but now I use the scientific method and I can take things out of the equation. I'm using the tools that I learned to help me when I'm having problems. I don't compartmentalize all that I learned in university. I learned all those skills and then if I can use it in my life, great. In Greek philosophy, they're always talking about the function of a human being. I just love all the dialogues. A guy asks, "So when you go fix a ship, do you go ask the carpenter or do you ask the ship builder?" Well the carpenter is pretty good, but ask the ship builder because he's an expert on ships. They're always talking about how you have to go to the expert or mentor to get that advice.

A mentor is one of the most important people out there and I've always had a problem with the mentor. I had a stepdad mentor who was a bad mentor and it was sort of like he was taking me to the dark side, if I use a Star Wars analogy. He wanted to take me to the dark side, but I needed that Yoda guy. I needed that Obi-Wan Kenobi to isolate me and remold me. In order to get rid of those bad habits, you almost need to isolate yourself from that. When I was in my late teens, my stepdad just left my mom. I think by him leaving that gave me healing because I didn't need to deal with that mentor again who was causing those bad habits, those negative things, and those things that made you feel bad.

The counsellor helped me out because I needed that at that time and I sort of had mentors in university. Once I become really good at something, I don't look for mentors because it helps me when I don't have to deal with the stress of other people. I just don't trust that other people are looking out for my best interest. I do look for that expert if I don't know something, but I also prefer to use myself as the mentor where I study it myself. When I went to college, I studied psychology and it helped me figure out myself. In my sport, I do have one mentor. He has competed for many, many years. I'm friends with him and he will just reinforce what I have been saying. I have very few mentors and only in those fields, but for day-to-day life I will read books. I sort of have a mentors in my profession. They have way more experience so I do listen to them. I don't like to be subordinate to other people because again I think that relationship with my stepdad has really affected me.

As I'm getting older, I don't think you can be cured. It's like a scar. You can hide it and maybe you can forget about it. There are things that you can do. You can have that attitude of up your nose with a rubber hose of Welcome Back Kotter where it doesn't bother you. You can do those things but the reality is it's still there and in order for you to maybe self-actualize to

become all that you can be, you need to somehow face those things that are holding you back. I'm sure there are monsters that are hidden. I'm sure there are other things that haven't been dealt with. There is no 100%. Those things are there and you can't cure them. They're like those scars. There is nothing you can do about it, but maybe it's possible that if I met another psychologist he would help me see things differently.

I also see that as I've grown up, I have the ability to have that choice. I'm aware of my past and that I can create myself how I want to be. You get more wisdom as you are growing older. You see things are changing and once you see why things are changing, you start to see those patterns. I see patterns and figure things out that way. As a young child you go this is the way things are. As you reach twenty or thirty, you see things change and you know things will change. That really helps you heal too. I think it helps you see that I can change and things change.

I'm not one of those people who looks for twenty buddies to help me support myself. I just like being alone. I think the counsellor or psychologist works for me because I do like having that relationship one-on-one. If it was a drop-in place and every week I met someone else that just wouldn't work for me.

My healing has very much been a learning process. Again it comes down to philosophy, Aristotle's Nichomechean Ethics Book 10, he thinks the function of a human being is to learn. It's what we are best at. I see the setbacks in my mid-childhood and teenage years as setbacks that I need to learn from. I see it as a challenge. I have learned all this stuff. I have a lot of tools and I feel like I'm really moving forward.

Strength in Community

Being with my community is really one of the most powerful experiences that I've had. Connecting culture, like drumming and singing, is a part of my healing. When I got a job with my band, they had grief and loss workshops to teach techniques for healing. I feel way better every time I go to these group healing workshops. I actually take time out of my school to do them because they are really helpful. Sometimes they are offered during the day which is a bit of a barrier. It seems like I don't really like one-on-one healing experiences. I don't agree with a lot of things, like what somebody might call PTSD. I don't think the techniques used by psychologists really help in terms of my people. We just have different ideas about healing.

I was in care with the ministry from the time I was about 16 to 19. I was a runaway. I just couldn't take it on my small reserve anymore. It was so oppressive and a lot of men were very violent towards me, so I just left. I basically showed up in Vancouver on the Greyhound with my bags and I kind of just went from there. I worked a full-time job at McDonalds. I went to school myself and I paid the rent. I had a boyfriend at the time who kind of helped but he was fairly abusive too. I ended up in another relationship with a Blackfoot man. He beat me and my sister with a bottle. My sister saved me, but I ended up having a craniotomy. I almost died. I was in intensive care for about 10 days. My math skills went right down to a grade 3 level, so I had to start over again.

I was born with a different last name. My mother changed it because she hated my father so much because he abandoned her. It was like a fight over my name and my name has always been out of spite, so I'm changing it to a Blackfoot name. Every time someone asks me, "Where did you get that name?" I'll say, "I took it. I took it from the Blackfoot people because their member took so much from me." So that's gonna be my journey. It's also just taking my Native

roots on more. My last name is Scandinavian, and I really don't recognize myself as being European. I don't want either of my parent's to win because it's like they just want to torment each other and I don't want to be in the middle anymore.

I think for us, just changing the idea about the way we treat each other is in the language. I'm a domestic violence survivor, so there are stories in the culture that describe the complete opposite of what it is now. There is community backlash for speaking up and saying, "He's an abuser, be careful," or if I tell others, "Your brother beat me, that's why I left him." They bring everything back to, "You're crazy, don't say that." Then it would be, "She's just causing trouble." I also speak up for other domestic violence survivors and I get community backlash, but that's something I just take full charge of. I think a big part of standing up for myself came from learning about feminism. I've decided that I enjoy making people feel uneasy about maybe their brother is an abusive person. I just decided that I'm not going to be quiet anymore and it's really helped.

I think there are a lot of different values that we get reminded back home of because we go out caribou hunting and hunting moose. Some of the culture and different family groups have changed their ideas, so it's just men that go out hunting. This misogyny has been inflicted on the community by the church. It's like the women are going to stay at home and the men go hunting. That was never part of our culture. My family does a really good job of taking that back and saying, "No. Our women used to be hunters." Just being reminded of being a powerful woman and having more autonomy than men in our community is really helpful. I think bringing back the teachings to my son is important. This summer we did a caribou hunt and I did one myself. It was like teaching my nephew and my son about how we did it before and how to keep it going. It also saved me financial stress. Just being lower income it gives me food.

One of the challenges I have is with PTSD. I don't want to be formally diagnosed because then I will lose access to a gun. I don't get antidepressants. I stick to healthy foods. I don't think there is a risk of me having a gun, but a psychologist would. I know this from talking to my cousin who is a psychology teacher. There's also the issue of being a domestic violence survivor which denies me access to a gun. I was denied a gun license because I was in a domestic violence relationship. It's like I don't have a partner because he was abusive. I need to hunt for myself now. I have a boy to take care of so it kind of further oppressed me. I think they think I'll go out and shoot him. It's like you can't have a gun but I can have a bow and arrow and those crossbows. I don't need a license for that so what's the difference. I really thought it was ridiculous. I felt like my human rights were infringed on. I was just so mad but I got over it. So having that is something that I completely disagree with. Well I do have access to guns that are illegal but I don't know how else I would be able to go hunting. It's really good for my son when we go hunting because it teaches him how to be a man. He's not typically taught to be a man by his father.

The more I learn about the land and the people who were there before, it just builds on my community development. The stories that come out of the land are really neat, what people say, just being there and knowing the stories and knowing our long history with the land is such a big thing. Different stories come out when we're there and I think it further cements some of the healing. I was talking about doing research on this old man who was a prominent Elder. There were all these stories about him that we would have never known that started coming out as I was there. It's like history kind of unravels itself to people and people remember more than when we're in our boxes.

Learning about the culture and some of the places that are really sacred to us is important. Water is considered really sacred so there is that spirituality. One of the things we do is we swim in these rivers and glacial lakes that are really cold. The water is a big part of cleansing our old selves. I think a big part of it is the spiritual cleansing with the water and the medicines we collect from the land. I remember when I was 12 years old, I lived at this little cabin the whole summer. I would go into town on the res and my mom would ask, "When are you coming back?" I was like, "I'll see you in a couple of weeks." I think it was a big part of keeping me out of trouble too and it really keeps substance use at bay for as long as it can. By the time I was 14, I was dabbling with vodka.

I struggled with substance abuse from the time I was 14 until pretty recently. I tried going to an AA meeting once, but I just didn't relate to it because it's so closely guided by religion. I didn't think it would work for me. I went once and left. It was like a 12-step program that was modified to suite Native people but I just didn't really enjoy that. I still actively use alcohol but I don't let it get too bad. In dealing with my alcohol addiction, I just read a lot about alcohol and it's more on an individual basis. But also just finding family that don't abuse alcohol. Having PTSD, it's really hard to deal with me. So I'm like, "They're my family, they have to love me." I do have some friends that I've met since my trauma, so I just keep them close. Some of them are pretty badly addicted to alcohol so it's really hard to visit. Even just having access to family events, like we go to the drive-in theatre a lot on weekends. It's finding things or finding those supports for you when they are healthy or when they can be there to support you.

After experiencing trauma, I have trust issues. I have a cousin who did a psychology degree and she kind of gives free counselling sessions for me. We drink wine and talk about my problems. I think part of my PTSD flashbacks is driving. I can't drive on dirt roads when it's

dark because of the adrenaline it adds. So that's one of the things I just avoid. Being in a hunting family, it's kind of difficult because I'm afraid of the dark. It's funny when I'm out there, I'll be walking towards the bathroom with a flashlight and I'm scared of the dark. The animals can smell the adrenaline. I'm like "damnit." I'm not as scared of the things out there in the dark as I would be in my own home. I never used to have mirrors in my house because they would trigger me. I was afraid that somebody was going to attack me. I moved into a new house and that really helped. That one has a lot of mirrors, but I also hung up more in the house. Before I would have to put mirrors in a very specific place in the house so I could seek them out to see my reflection. So, just trying to get through that is a bit challenging.

I used to go to sweats but a healer told me not to just based on my spirit. I would have tear stains down my face after, so I don't really go to those any more. I think a few of those really helped and I think they help for a lot of men. When I was 19, a spiritual medicine man told me not to go back because things were too fresh and to do some more healing. I kind of knew I shouldn't go because I would break out in eczema everywhere, but it was pretty neat.

Because I've been in so many domestic violent relationships, I was in one healing ceremony where I was told that the father of the man who attacked me was watching out for me now because he feels bad. The medicine man said, "He feels guilty, so he's watching out for you and he's been watching out for you." I did this ceremony with them where I was basically praying for a new husband. I prayed for that and then I went back to the fire and it was so funny cause there was this man standing there telling jokes about different Cree words and pickup lines. I was like, "How do you say that? I'm gonna say that next time I meet a Cree man." He started laughing and he handed me this orange ribbon and he said, "I bless this with the trickster spirit for you to find a husband," and I was like, "I was just praying for a husband." I'm really

impatient and I said to him, “I really need a sign.” So I tied that ribbon onto my moccasin and the day that I met my current boyfriend, I was wearing those moccasins. So that was pretty neat.

It all connects back to being on the land. It’s funny because this summer my boyfriend who I just started seeing wanted to come home with me and I kind of felt guarded. I was like, “No you can’t. This is my sacredness. I don’t know you well enough, don’t come.” It seems like it’s something that I just want to preserve. That comes out in the work that I want to do in my community too. When I was little I remember my mom shot a caribou and the horn fell off, and she shot it again and it fell to the ground. It was just such a cool memory of seeing my mom as this hunter. Like loading up and shooting down a caribou. I will always remember that. This is me. I am a strong woman, type of moment. This is my mother. My boyfriend told me the same story and I didn’t remember him being there. I thought I had never met him before. So he says, “One time I went there when I was a teenager,” and then he told the very same story. I was like, “That was my mom. Wow,” because he’s from a different nation and not even related. It’s funny that he would end up on a trip like that. Apparently he just stowed away with one of the hunters.

We couldn’t look at each other for the longest time after meeting. He said, “I dreamt about you. When I saw you for the first time, I saw your red hair and your moccasins. I dreamt about you years ago and I wrote it down.” He showed me and he actually did. He dreamt about a woman with orange moccasins and bright red hair and that was his wife. I was like, “This is so weird!” So that was a pretty cool experience about healing.

I get some energy work that my aunty does. She is a spiritual healer but she can’t open up a practice like somebody else would. She’s been trained her whole life to do this and she can’t have a wage because nobody is going to put her on a salary to practice spiritual healing. It’s really hard to get a salary for something like that. So I have to pay her out of my own pocket

because it's not covered under medical. She's been a big part of my healing journey. That's the one thing that I'll do on an individual one-on-one level is some of the spiritual work. She kept trying to work on my energy. She said there was something in my lower stomach that wasn't right and she kept trying to fix it. I found out later that I had pre-cancer cells in my uterus and I needed to get a LEEP done. She knew something was there and there was something wrong. She's got this psychic ability but also really helped me with my trauma. After brain surgery, I went straight to binge drinking for months and months, to the point where I have liver problems. It wasn't until she was like, "You need to stop or you are going to die and we don't want you to die." I worked with her one-on-one for a few days and it seemed like after I saw her, things just slowed down for me. I stopped binge drinking. It was like I got my spirit back.

One of the things that I think really helped with my trauma was working for my people and that's how I ended up here is I saw that we don't have enough capacity. I felt like I wanted to go and get my education and be the capacity. There is something inherently wrong with Canada. It was an Elder who said, "The only way you can beat them is if you think like them." I want rights and titles for my community. I think even just making our community healthier; education on decolonizing our place and building a national identity for our people where we are proud to be Carrier. We are proud to be the people that we are. When I was growing up, there was this idea that being Indigenous meant being an alcoholic. That was our people and that was our culture. It really did get blended into the culture so it's just trying to take that away and take that identity back.

I was taught growing up, basically through education in secondary school, that my language is useless. There is no reason why we should be teaching it because everybody speaks English and that my people are kind of more of a nuisance. At one point when I was a teenager, I

had blue contacts and died my hair blonde. It wasn't until I came back from ministry care and worked in my community, that I realized how much we need the language and how it needs to be revitalized. Let us teach our own people. I remember drawing pictures of British Columbia and never did I ever have to trace my own community's land. It's just about national identity so changing that and making it, "This is us." We are not in the confines.

Things that haven't been helpful was just the one-on-one stuff. I didn't really like that. Another thing that I had a hard time with in my pregnancy with my son was not having any access to First Nations information about the way that we would take care of my body. I didn't know that we had spiritual ceremonies. I think more education for our people by our people in regards to ceremonies with pregnancy. There is a whole bunch of different things that I didn't know. Like we have these spiritual ideas where you can't be pregnant around a body and there are certain spiritual qualities for newborns.

I think it's just education and more doulas that are Carrier. After trauma and then facing an unexpected pregnancy, I wasn't using substances or anything like that. I did some marijuana for PTSD and that was only twice but it was just to the point where I was in such a horrible mental state that there was nothing else I could do. I don't use antidepressants, nor do I think I could have. I can't take anything because I'm too paranoid and they don't have a dispensary here where I could try different blends. I tried before and I got really paranoid. I got hooked up with a dispensary in the lower mainland once, and just went under the table because I couldn't get a prescription from my doctor cause the gun thing. I got through that and it did help with alcoholism. Instead of going out to go party and abandon my child, I could just smoke weed and chill out at home and be happy with 'munchin' out. Just be happy with being content and not craving the alcohol.

Being away from my community to be educated is kind of a limit. I know I'm healing here, but it's just kind of a difficulty right now. It has been a hard balance trying to be able to stay. I know when things are very colonial and economics describes the earth as a resource rather than a way of life, so it's trying to stay focused on my studies and not letting myself be more colonized because I am separated from my language and my culture. We still have access here but not as much. I'm lucky because I live a couple of hours away, so I do go home quite a bit. Sometimes I don't want to be in this community. I don't like it here because I feel like my son doesn't want to speak Carrier and it makes me mad. Just trying to get access to our language on a daily basis is a big thing because back home you can say hi to somebody in our language and people know how to say hi back and talk. There are a lot fewer teachers here in this community. It would be really great if we could get to a point where we are fluent. I think it would change the ideas about being Carrier to the community.

Going to school and learning about the history and conversation on its impacts in Canada is really healing for me. My dad is a residential school survivor, so is my grandmother and my son's grandmother. We have a lot of survivors in our family. Sometimes I catch myself when I say something, "Oh my God, I just sounded like a nun there." So just catching myself and knowing that history totally helps. I think being a part of the university is helping. The First Nations Centre is a big thing just because I know there are people like me there. It's funny that a lot of single moms go to the resource centers in college and university. I'm like, "I'm not the only one doing this." So just having the community there has been a huge part of staying afloat here at the university but also professionally too.

Being connected with the earth is a big part of my healing process. Another thing is I kayak, so sometimes I will bring my recording device that I use for the lectures in school and

kayak on the lake. Meditation is something I do daily. There are guided meditations for healing on YouTube so that's something I do for myself. I've also had other group therapies for guided meditations for healing. I have PTSD so I have to watch for any triggering words within the meditations. Sometimes I find meditations I'm afraid of or don't like, so I'll just pick a different one to do after that. It's like watching a scary movie and watching to see what will happen next. My son does the guided meditations. He's learning too, so that's really good. When he grows up he'll be a lot less hurt. He'll know how to deal with his own healing too.

I have big dreams. As soon as I graduate I really want to have another baby. Another thing that I want to do is foster kids. I was a runaway and kind of a throwaway, so I really want to foster. I think that will be good for our family. My long-term goal is to open a Potlatch house that is only for Potlatch because we have to share our space with the bingo hall. I think it would be really cool if we had a house that doesn't have cement floors, that is connected to the earth and less boxy. That more represents who we are.

Finding Myself

My journey basically opened up the day that I made the phone call to the RCMP. The journey had already started the year before when I told my mother, but she did not want to hear it. She wanted to deal with other things, which shows me that I was looking to find ways to deal with the trauma and how things had affected me in my life, but it was another closed door. I walked into a wall. So the day that I came public with it, was the day when things started opening up. Some of it was not good because that was when, what I called the part-time addiction, started. It was not knowing what to do and having no guidance. It was just basically day-by-day and a lot of falling down. As a survivor, I have learned that when trauma and then repeated traumas happen and there is no help or guidance, everything becomes so overwhelming

that you can't think straight. You can't think about making proper decisions. It's almost like you are totally disabled. I used to joke with myself, if somebody would just come along, take my hand and walk me through the rest of life, I probably would be better because I did not know how to do this or where to go. A lot of trial and error. Even trying to get help, it was either a door shut in my face or it wasn't available or there were ulterior motives.

In my case, being traumatized at such a young age, I never established a personality. I never knew who I was. I was always told by family that I was adopted or I was not part of the family, which just reconfirmed why I felt so odd. The personality thing is hard for me because there are multiple facets of personality that you draw from and you want to make sure each of those personalities has something in common so people don't think you are crazy. The personalities are what you portray to different people whether it is in public, to your family, your best friend, your partner or your children, so you lose who you are. I have been told I am outgoing and a great person to be around, but it is also another personality because I would also run and hide from people. I had to have my alone time and I couldn't be around people. So trying to find out who I was, was a struggle too because your abuser or all the trauma that happened was within the family. Where are you going to get your information?

From a very young age, I remember just searching for a family and where to belong. I actually didn't even know me until probably about five years ago. I was totally oblivious to the fact that I had no clue who I was and that was where the anger came in too because I blamed it on the perpetrator for taking that away. I had no chance of even finding out who or what I was. Part of it was my parents and that was why I always searched. People would visit us and they would say "Oh, she is so cute. We want to take her home." I would literally go pack my bags and try to go home with them. So maybe it was just that, always searching.

I lived up North and I grew up with First Nations. My survival and my ability to survive, that I am not as a few people have said I should have been an addict and alcoholic downtown eastside. I think the reason being was that there was some consistency and sanity in the chaos. So maybe that is another reason why I've been able to get through or find different ways to survive. I don't know whether it was school or friendships, but there was something there.

I keep on coming back to the word strength and I have no flipping clue where I get it from. Even though my mother was a neglectful parent, my father was very family oriented. He was an alcoholic and a workaholic, but he was not violent. Every winter he made me a skating rink on our property. He taught me how to drive a stick shift. He taught me how to do certain plumbing, to rewire plugins, and change lights all before the age of 16. My gut tells me that's where my strength came from, even though he never totally showed it or said verbally that he loved me. It wasn't like he was a protector because all this stuff happened in the home, but he taught me skills that I've carried through and that confidence level, even though you're screaming inside, "I'm a failure!" I think it was those few years that I had with him.

I got pregnant as a teenager and I gave everything to that child; all my emotions, all my thoughts, all my everything because I didn't know how to give it to myself. I've never known that. I just wanted to make it better for him, but I didn't know how to do it so I just kept on fumbling. When the next child came, I gave even more. At times my kids were my strength and at times they were a hindrance. I made a commitment to my children in the delivery room. I said, "I promise you I will commit to making sure that you have the ability to be the best possible person in this society." Once I make a promise – another trust issue, I say what I mean and mean what I say because too many people have done that to me. Maybe it was coming across people who have used me and learning those lessons, and me going, "No I don't like that. What can I

do? I can't change them." Trust is huge. I still to this day probably won't ever have trust which is sad. I think for the majority of my life that is why I have always gone towards children and animals. They are the two things that are the most vulnerable and also the most truthful. I have an undying acceptance and an understanding maybe because I am open. Children and animals gravitate towards me all the time.

My mom and I at one time had a codependent relationship. It was me that broke it because it was just too screwed up and bizarre. I realized I was recreating that with my son, but he broke it. I couldn't but he did. He pulled away and I was hurt. I had no clue until one day I finally realized what he did and most of it was to have faith and believe. It wasn't that he hated me or that he was done with me as a mother. His consistency is what showed me. He is another one of my teachers. The hardest part was when my kids grew and left home because that was when my life really started falling apart. It was my youngest son who said about a year or so after, "You're going through empty nest syndrome." I said, "Solutions?" and he said, "No, cause I'm not you."

When things were really tough for me, my son said to me on the phone one time, "Mom, I just have to thank you for breaking the cycle." I thought he meant the sexual abuse, but that's not what he meant. It was the parenting, and the education, and the gifts that I gave them. I broke the cycle so that none of them are broken enough to either offend or have harmed. They are totally in control and fully participating in their lives. You can't abuse somebody that is not vulnerable. I broke that cycle. I didn't create that vulnerability in them or I protected them until they weren't vulnerable.

One thing I always thought was that I was extremely structured. That was another personality. I was not. I went into treatment and structure was the number one thing. I fought it. I

think treatment was probably where I was beginning to be in total reality. There was no running. I almost did, but I fought it and then at three weeks' time I lost it. Nobody came to visit me and I felt alone and scared. Again, it was like nobody cared. I thought, "Why am I doing all this?" My son said that they might come down and see me but they never showed up. I was so distraught and had been fighting things in there and not really working through anything. I got on the phone with my son and I just lost it on him. I screamed and I called him names and hung up the phone. The next day I was still in my defensive mood and I was challenging everyone. I just kept on after them.

I was the only one left on the site. Everybody else had their free time so there were only a couple of counsellors. I went back to my room and took apart a razor. I went into the shower and said, "My family doesn't want to see me. People are probably embarrassed because I'm in here. I'm nothing but problems to everybody. This can't even go right. I give up." I sat in the shower and something stopped me. The next day I got called into the office and I thought I'd be honest about what happened. The lady who ran the place just looked at me and said, "I'm glad you didn't. I'm very thankful." That was another part of trust. She then called the staff into another office and I heard yelling. She came back and said, "I just need you to know that won't happen again. I'm very thankful you didn't follow through." When I left there I was like, she backed me up. So that was another key thing having somebody believe in me and back me up. My own mother doesn't do it, so it was not having any of that support or that backing.

At the beginning of the third week mark in treatment, the anger started coming out. It was, "God grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference." I was sitting in with that group and I said, "What fucking God?" She looked at me, "Well God of your beliefs." I said, "Change the sign

then. Look at this world, there is no God.” She had so much patience. We had to write a letter because it was holistic and they also implemented some First Nations beliefs. There was a sacred fire and you could only go out there for ceremonies. At the first letter burning I did it, but I didn’t feel anything. She approached me the middle of that week and said, “If you ever want to write a second letter, let me know and we can have a private ceremony.” I did and I broke. That’s the thing about growing up in those situations, you don’t have a voice. Even as far as screaming or showing emotion. When I burnt my second letter, I don’t know what it was but I just broke. This animal thing in me, this sound; it scared me. It just came out and it spewed. I was falling and she grabbed me. She held me and rocked me. For me to trust and to allow that to happen, it was pretty spectacular. I felt love and I felt open for the first time that day. It was almost as if I was empty, but I was able to receive because my whole life I felt like, “Don’t touch me. Don’t look at me.”

Treatment was the beginning of the healing journey because it taught me reasons why I didn’t have to run. It was my saviour. I was only supposed to be in treatment for 30 days, but I committed to more. I was put back out into the world. That wasn’t great. I never went back to addictions or anything like that, but I didn’t have the safety net and I had no one. I still felt alone. If I really truly had addictions, I wouldn’t be able to smoke marijuana occasionally or have half a glass of wine and be okay with that. Could I have addictions? Yes, but I don’t because I fight them all the time and that is why I’m pushing my way out of not smoking marijuana at night.

It was the sixth month after treatment that I went back up to make the complaint about my brother. I had no vehicle and somebody I had been at treatment with phoned me out of the blue and he said, “I have a car sitting here, if you want to use it for the next year.” I caught a ride with a friend and the minute I got there he wouldn’t pick up his phone. I spent three days trying

to get a hold of him. What dawned on me was another person of the opposite sex thought that he had to use trickery to maybe bed me or to have a relationship with me instead of being open and honest about it. I was so angry and I was so hurt, again.

I packed up my stuff and I hitchhiked. I caught a ride by preacher and his wife. She asked, "What are you doing?" I said, "I need to do this because I have no faith in mankind. I need to find faith. I need to find something. I can't keep on doing this. I need to trust people. I have been let down and I hate them because of it. I can't hate because it is a bad word and I'm not allowed to hate. I have to keep it all inside and then what happens? I blow up or I go to addictions." They dropped me off and I hitchhiked all the way back home. I took that chance. I hitchhiked the 'Highway of Tears'. I thought this is gonna be it. I make it or I don't. It was tough and I didn't prepare for the walk. I got a total of four rides and all of them were male. They took me as far as they could to where I needed to go.

I did put myself in a lot of danger on the whole walk about and it was pretty radical of me to hitchhike. I don't think it's smart to do things like that again and I recognize that now. At first I stood behind myself and said I had to do that that because I needed to know that there were good people. So maybe it was all those things coming together and thinking that the whole world isn't abusive and nasty. There is some goodness and maybe part of me taking those certain journeys reminded me that if you don't sometimes take that chance, you will never know.

Now I've got to the point where I do check-ins every five minutes or every second and I'm always working. I get tired. I jump on that pity pot and I yell inside, "Why didn't my mother listen to me and send me to an all-girls school?" I could have been out there taking photographs for National Geographic which was my dream job. I could've been travelling which was also my dream and none of that happened. That's the sad part of the story. Even my mom's friend said,

"At times I never caught a break, kind of like how your life is." I'm like, "Did you just hear what you said," because you succumb to that or you feel like you're worthy of those things. You think, I am deserving of this. It's like, "No."

Every day and every conversation is a new chapter. Every single day is a new story. I have no clue what's going to happen next. The only thing that I've been able to do in this last year is to trust that I'm the only one who is going to make it better. If I want to stay in that pity pot, I'm going to be right back where I was a long time ago and I can't. I would just as soon go through this and die tomorrow than go back there. The parts that scare me are that I'll never be able to trust or believe or be hopeful. I will never be what my perception of whole is, as in just accepting life, living life, and being a part of life.

I've been having some issues with headaches and stuff. A pain goes into my head and it actually feels like when you get an IV and the cold fluid goes into your veins. I kind of blank out for a few seconds and the pain is right in the scalp, like you can't touch it. I've been having those issues and I thought, "Just don't go to the doctor." I have these conversations with myself and I go, "Why wouldn't you? So you can have a pity party? So maybe somebody finally pays attention to you?" Maybe I do have dual personality because the other part of me comes in, "It's gonna be worth it. You're gonna go get that looked at." Reason being, cause I'm not done. I might be 60 and say, "I'm done." I don't know that. I can read people but I can't predict the future. It depends on how much effort I put into it. If I'm willing and wanting, it can change everything.

Every day I listen and I pay attention. If somebody tells me, "I went through this and this is what I did..." I absorb it. I take the information in. It goes through the brain, processes, then it goes to my heart, and then it goes to my gut. It's usually that whole process. I heard the term

shattered or fractured. I didn't know what fractured meant until I started actually internalizing it and I realized, "What's important for you to live? What keeps you alive?" So this, this, and this. It's like a pipe or a water line. Where is it fractured? Now I understand why I couldn't make the connections because I'm a fractured person. The parts that are fractured are the heart and I will say the gut, but mostly it's the emotional part that lays around your female organs. I'm totally broken there. I had a Shaman tell me that too.

I was so desperate one day that I made a call to a Shaman because with conventional medicine you have to wait three weeks. He said, "You sound desperate. I'm kind of busy but if you want to come and hang out." He was setting up for a sweat so he started asking me questions and then after about 30 minutes, he walked over and started doing some stuff. He stopped and said, "You are broken, right there. The trauma that has happened to you is right there. It is huge. You gotta find a way to fix it." When he said it, the first thing that popped in my mind was, "You fuckin idiot, of course I know." I realized I was looking for somebody to make it better or to fix it. There is no one. I am the only one. It is becoming more and more apparent over this last year that nobody can fix me. I was foolish to believe into a system. It doesn't exist. So I laughed and then I thought of course, "Yeah, it's the sexual part. I'm never gonna have sex again and I don't want to have a partner." I went that way, not thinking about what he actually meant. I was still at that wounded place, so your brain doesn't comprehend certain things. Now I realize what he meant and he was right. Chances are I will spend a lifetime growing and learning and fixing. I won't be with somebody else ever again, probably not.

A couple of years ago I decided that I had to take everything that I was at that time, be honest and face what I thought was not great. Keep what I thought was positive and build on my personality. It basically was finding the strength in myself to not give up and keep on trying

different things. So even with all the steps that I'm taking now, my son gives me a hard time about me not being around them. I'm like, "Yes my granddaughter loves me and misses me, but I need to do this. I'm sorry."

I'm not cynical either. I've worn rose coloured glasses. I've always tried to look at the bright side of things or find the beauty. I always believe that maybe there really is something out there. I have learned in the last year there really is no one magical thing. I have taken the time to see the beauty and the awesomeness in people or things or actions. So that comes from the year after my brother passed away. That's why I keep thinking that him dying was a gift to me because now I am finally able to stop or take chances. I'm letting go of my personalities. I've been asking the Creator for a sense of not belonging, but just to be okay – contentment.

I'm enjoying the little things. Here and now; being in the moment. I've decided to have faith and to stop having the personalities and to show who I truly am because I actually think that I am there. I just don't know who it is. If I'm still playing games with other people or trying to hide things, then I'm not seeing who I truly am. When my son texted me, he said, "Well you are tough." I would have said, "I could knock down a brick wall," but instead I said, "On the outside." I need him to see the real me. I want to see the real me. I made a promise that I would start searching for that so that's my next step. I have to be in the here and now. I am okay with only dealing with what I can at the time. Don't look ahead and don't let it kerfuffle you.

So maybe another thing is that things happen for a reason. I really think it's just being open and willing to change. To recognize and to be honest with myself with what I am and am not doing and what I want or don't want. It's getting to know yourself. It's letting go. It's finding that strength of standing up to someone, "No, that's not how it's gonna be." I've never been like that up until this past year. It actually started at treatment where it was, "Excuse me, could you

please stand back from me? I need five minutes to think about what you've said and I will get back to you with a response." You have every right to put your hand in front of someone and say, "I appreciate what you're saying, but right now I need to think about this and do that." That is where it started and it has just snowballed from there. After I got out of there, I would have made a good school crossing guard. Now I understand more what it is for and how to do it. I don't have to put the hand up and I can do it verbally.

Find a way. Just don't give in. I don't know where some of this comes from. Maybe it is the abuse. Some people sink and some people swim. It's uncertain. I think about this all the time, so I'm gonna be honest with myself and say it out loud. I have no partner. I'm not married. I've desensitized so much towards the sexes that I didn't even know that a friend of mine who is gay was coming on to me and really liked me. I literally had no clue. I'm not stupid, but I don't foresee a relationship that way. I want to have a life with somebody, but I don't foresee it. That could change in six months or in a year. I might grow more and I might be in a different position.

I'm broke most of the time. I seem to go after jobs that are challenging and then when it gets to be too much, I back away whether it's lack of skills or I have never had consistency in employment or education. I have been to college. I have done so many things but I've never stuck with it, ever. That is kind of scary. That's why my son has been pushing me in the last little while, "Okay mom, you're not that employable anymore." It's factual and it's true. He said, "Your skill set has substance and you have experience, but it's nothing concrete. It's not papered. You've been told for years that you should be a counsellor or work with youth. Go to school, get a degree. Hell, get a Masters. By that time you're too old. They won't take your pension." So that's where I'm kinda sitting right now. I have to decide what I'm going to do and this is hard. I used to do it on a drop of a hat.

I'm trying to find certain words about what has kept me going, but it really is certain people, certain places, faith; understanding of myself and being open to all of the above. Letting go and trusting in treatment. One of my issues to this day is that I have no out for my anger. I don't get angry very often, but sometimes I get really frustrated and the anger sits right here. It doesn't move. What keeps on popping in my head is exercise, which I'm usually really good at but this last year, absolutely no exercise. I keep envisioning that I want to hit something. I think I need to go into kickboxing. I need to release this. It just sits there and I get really scared sometimes because I don't know how to express it. I don't want to go backwards.

I also have another common denominator and it's a good way to find out if a person has been abused – an eating disorder. Mine started between 12 and 13. Self-abuse to this day and even when I had my kids. I had 11 miscarriages and I was in labour for four of those. At one point everybody was at work and the nurse asked, "Who is picking you up?" I said, "My mom." Cause there was no one else. The nurse came into my room and said, "Your mom is here but don't get dressed. Just follow me." I still had the gown on, so I followed her into the treatment room and there was a big mirror. She said, "I need you to bring your gown down." My mom was right there and she said, "No, I want your mom to see this." I remember looking at my face and I went okay now is the time to just be. The nurse looked at my mom, then she pointed over to me and said, "And you think this is right? This is unacceptable." I was something like 92 pounds. She said, "This is gonna kill your daughter." We got into the car and my mom took me home. She reamed the shit out of me about how embarrassing it was for her to have a nurse tell her about this and goddammit you better just sit down and I'm gonna make you eat. And that was it.

To this day I still have to keep it in check. I call it a disease. It stays with you for the rest of your life. It was probably one of the things I came clean with first. You have your good days

and you have your bad days depends on what comes at you. I was overworked, so I was doing it to myself at work. I was getting sick. I was stressed. My teeth were hurting but I couldn't get a dentist or afford one. I was sliding down. At work it was the non-caring thing so I started going down. That's when I really have to kick myself in the butt. I have to come back up. That was what started happening a few weeks ago. I went, "No" and I handed in my notice at work.

I don't really have a home. I'm renting a room, but it's from a friend and her partner. I'm never there because I'm out of place and can't actually be in that environment. I don't have kitchen facilities. I have access to a toilet and a sink but I can't just shower. She and her partner have been together for years and he is a very gruff big guy. She went to a conference, so she was gone for two days. I went home that first night and I went straight up upstairs. He was downstairs watching TV. I was ever so quiet. I don't want to disturb anybody. I went into bed and shut the door. I sat there and thought, "Do I hear footsteps?" It was all in my head. It was me having a panic attack because I was feeling vulnerable because I was in the house alone with my good friend's husband. It took a lot for me to talk with myself. I kept saying, "He won't hurt you. Even if he came up and touched me, you have every right to hit him. You have every right to tell." I've never done that before. I think that just comes from maturing and going through everything. Those are the vulnerability parts about being a person who has had those traumas. You don't know until you go through it. I would not have known to find that strength if I didn't go through those traumas. Then to turn around and say, "Wait, talk through it. You have every right to yell."

I've been to clinics. I've been to therapists and I've been to anxiety groups. They don't really work. I went to an anxiety clinic for six weeks. You go for eight hours. You do your writing, talking, drawing, and collages. Tell me I'm gonna be okay. Don't let me go, but you

still have to walk out into that world and be vulnerable. You are in no place to make those decisions until you are absolutely ready. It's almost like an abuse in itself and that's what I struggled with in the beginning when I did try a few of those things. I went to mental health because I am papered - PTSD, anxiety, chronic depression, and hypersensitivity. Those are my four titles. So I tried mental health. I said, "Okay I'm papered. What can we do?" Our society just isn't setup.

I'm now inventing myself because she never even existed, even from birth. My mother used to tell me all the time, "I tried to abort you." I actually brought up a couple things to her just a little while ago and she goes, "I never said that." I said, "But you did and how do you think that affected me?" She goes, "That's terrible. I would never say that." But you did. End of conversation. There is nothing you can do. So I go back to the fact that it depends on the person and his or her background. It doesn't matter the type of abuse, it's just whether it is continuous or not. Environment is huge. Safety and feeling cared about. Feeling that you have a reason is huge.

Structure was another thing that was big for me. I think of where I'm living, just renting a room, it keeps me in that structure. Its training wheels until I know that I can take those training wheels off. Every single day I'm finding out little things about myself, what my self-worth is, and what I can or cannot do. What I found really hard is when you have big challenges and there is no help or no one can actually help you. That's the hardest part. I haven't reached a point where I know what I can do. Maybe there is no big real answer. Maybe it's every time I have an experience and then I address it and go through with it and move on. I build that confidence.

It's like I never had a childhood in a lot of ways, so I have to go through these experiences now because it's imperative that you have one. It's like I always say about foundation. To build a house that is going to stay strong you have to have a really good

foundation. I used to tell my kids how our family needs a strong foundation to build on. I've always used reference to it, but now I see how it relates to me. It is no wonder I was so screwed in the head. I have had to fast track it and that's why this year has been absolutely huge for me. I've been prepping for it. It will be three years since I was in treatment. I think I had a resting period and I didn't work on myself. I just existed. It wasn't until I realized that I'm not doing anything and this isn't helping me. Start working on it and on my own.

Striving for Change

The reason I'm sharing my story is I recently broke up my marriage of 20 years. Since we were dating, he used to hit me. I never said anything because I thought that was part of love. I saw my mom and my dad hitting each other so you think it's okay if my boyfriend smacks me. It's part of being married to each other. I lost a lot of opportunities to get education in other countries because he told me we were going to break up if I left. As soon as I finished my education, he got sick and we got married. I felt like that forced me to rush a marriage that should not be happening. I left my city, my family, and my religion which was a very important part of growing up. I was always told as a kid that a man protects you, but God is a man and he will protect you. Unfortunately, I felt that I was repeating the same pattern as my mother thinking that I would not be good enough if I didn't have a man. That's why I stayed with my husband, even though I'm educated.

I don't know how many times I tried to find someone to tell. Help me. Take me out but I was afraid of everything and everybody. I finally decided I couldn't do it anymore when my husband started dating a younger girl at the same time as me. We have children and he didn't need me anymore because he got his Canadian papers. My brother brought me to Canada and my job gave me the permanent residence so my husband got the permanent residence. As soon as he

got that, he had a new girlfriend. That was my pass of freedom because he didn't want me. I wasn't fighting for myself, I was fighting because I didn't want the marriage to be broken.

As soon as I left my marriage, I was so depressed and sleeping was a way to escape from that horrible sadness. I taught the kids how to feed themselves and I just gave them TV. I always put food out at night because I knew the next day was going to be a bad day. I could especially feel it on the weekends because I didn't have a job. I had nothing to do. My friends were busy with their families so I felt like I had no family. I was sad so I would cry. I just needed my time. I would tell my kids, "I don't want to hear you fighting. Just watch TV so I can sleep." That is something I've been fighting to fix with myself because I'm affecting them as well.

I know when I'm sad my energy goes down. I explained to my doctor that I could not even open my eyes on the weekends because I just wanted to sleep, so he gave me depression pills. That was the worst thing. It felt like there were ants on my head and a burning sensation. I started to have feelings of taking my life. I phoned my doctor and was told those are the side effects. No one explained that to me. The doctor was so quick to give me the depression pills, but no one checks on you. That should be part of the process. I'm giving you these pills. These are the side effects and I'm phoning you in 24 hours. I did not have that. My doctor doesn't even know if I finished the treatment. I haven't been there in a year. It was a really unsafe thing because I had been depressed for many years and I never had those feelings until I had that medication.

I talked to my psychiatrist when I left the marriage. My kids got depressed because daddy was not there anymore so I was felt like it was my fault. The psychiatrist was more helpful. She warned me don't talk to him; he's controlling you. She warned me if you go to the park at night, he could do something to you. I never thought about that because he never harmed

me when I was outside the house. It was always at home behind closed doors. The psychiatrist was the one who asked me to talk to the cops. When I went to talk to the police, they were not understanding. They did nothing. They were like there is no proof. I said, "Of course there is no proof." I was afraid of showing the bruises.

The police were like we can't do anything, so the only thing that we got was a protection order. My ex is not allowed at my house or close to me because he was trying to meet me at the park or come to my house late at night. I was lucky to understand that was dangerous. One time I showed up at home around 11pm with my friends. He followed me in his car and started videotaping me. He was questioning why I was coming home so late, so I phoned the cops. The second time he followed me, I phoned the cops. A lot people I'm friends with don't know what happened between us. My biggest fear when I'm leaving the house or coming home is if I see a car that looks like his car. My friends say, "You panic, stop doing that. I'm here. No one is going to hurt you."

The police gave me some information on the signs of abuse and control. I never thought he was controlling my money, who you see, who you talk to, how you act, and what you eat. There was another handout that explained in abusive situations you are not even allowed to sleep. My ex was like that, waking me up in the middle of the night trying to talk. I did the same to him before I tried to leave. I was waking him up because it was the only time we could talk when the kids were sleeping. That is why I feel like when I am depressed I want to sleep. It's important for me because I was not allowed to sleep anytime I wanted to. Now if I want to sleep I'm going to do it

Slowly I am learning that my ex does not control me. Sometimes I'm a couple of minutes late picking up the kids and he texts me, "You just finished work. Where are you?" My

automatic reaction is to explain where I am and after that I'm like, "What am I doing? He doesn't need to know." Sometimes I wish I had the strength to say, "It's not your business. I'm on my way," but I can't. I just explain what I am doing. It's the fear, so that's why we exchange the kids in a public place. My ex knows that he can't do anything to me because my computer at home has a voice activation to call 911 through the internet. I say, "You can do whatever to me, but my phone will call the police." I wish I was strong enough to say, "It's not your business where I am." That will come.

Here in Canada the cops, my psychiatrist department, and counsellor are the only people who know the situation I have been through. No one knows on my family's side. I don't know what my brother will do if he finds out. My mom kind of thinks that she knows because my neighbour told her, "I'm glad she left. I told her not to get married because I saw him trying to dominate her," but my mom is afraid to ask me. My ex's family knows. They don't believe me. They say if he ever did, it was my fault. It is a very common thing for women who haven't been in an abusive relationship to say it's our fault because we didn't do something at the time. I was so terrified, having a knife on my neck thinking he was going to jail. I have no one here. It is just me or him. I don't trust anybody with my kids, so that's why I thought I couldn't say anything. I thought he is going to kill me or he's going to jail. Who is going to protect those kids?

There were too many years. Why did I stay until the end? I don't understand. I wish I could say I was strong enough to leave. I was not. I just took the opportunity as soon as I saw the door was open and he found someone else. I feel ashamed because I stayed with him for a long time. A lot of people told me that if we got back together they were not going to be my friends. I tried to follow their advice, but they don't know what happened though. Even when I go to

school and read more about abusive situations of women, I still blame myself. I do this because he was controlling. In many ways he controlled me. He's still doing that and I can recognize that. It's awareness now. I still honestly believe it was my fault because I didn't do something when I had the opportunity. I was afraid to leave him because I didn't have a job. As soon as I left and I found myself in a situation that I didn't have money for food, I was like there is the food bank. There are food hampers. There are friends who sometimes know you are in need and they invite you over. Everything that I have is from my friend from church who visits my house.

I decided that I was not going to show my daughter that this is the right way to dating. I don't want her thinking that a boyfriend can yell at you, or talk to you bad, or even hit you. I want her to know that you can be happy by yourself and it doesn't matter if you don't have a partner. Unfortunately, I'm not applying that to my life. I'm still feeling sad for being alone. As soon as I try to start going out with a guy, my biggest fear is what my ex told me, if you start dating someone else, he is going to rape your daughter. I never allow anyone close to the kids because I'm afraid because he put that in my mind too much.

I don't want to base my happiness on someone else because I can see myself being in a relationship that is a toxic situation. I have trust issues. I have anger issues and jealousy. It's like wait a minute, "I'm not healed. What am I looking for?" I want to go to school. I want to do better for my kids and I'm doing it. I found that when I allow a guy to start talking to me, I feel happy and when I'm not dating, I'm not happy. I'm a student. I volunteer. I'm teaching classes and dancing. There are a lot of reasons to be happy and I can't find them. I do too many things and I can recognize that inside me I think that a male partner is the one who is going to help me have happiness. I want to be happy with or without a partner. I wish I could start off without, but I see myself looking and looking. Who is going to protect me? I don't want to be alone, but why

not? I come home and the house is clean. Everything is in the same spot that I left it. No one tells me what to do. There is no drama. I sleep with my kids if I want to. We come home late or do whatever we want and I'm not finding happiness with that.

I use other things to keep myself busy. I try to stay with friends more often. I'm so busy all day long between work, the kids, school, my volunteer activities, teaching, and dance classes. There is no day that I'm free to say, "I'm not going to do anything." The day that I have nothing to do, I find something to do at home. I clean everything. I involved myself with the gym because when I feel I can't do it anymore, I just run and don't stop. Running, weight lifting, and all the cardio activities, like dancing help me. I also like the swimming pool. I think my son is calmer when I do physical activities with him, so I try to keep him busy.

The best thing I found for my daughter and me was horse therapy. I wish I could do it again. It was expensive and I can't afford it. My daughter felt like she lost being daddy's little girl because he was too busy with the girlfriend. Her way of coping with the broken marriage was to sleep. I started looking for something to help, but for her young age they told me there was nothing available for her. One day at the library, I saw the horse therapy sessions and I booked an appointment for her. My daughter was petting the horse and brushing her hair when the therapist and I started talking. She did a great job that day because she tried to find the source of why this child was sad. She did not finish the therapy with my daughter. She had her do chores with the horse and that helped a lot for my daughter. The therapist did like a regression session, telling me to look at the horse and let my problems run away from me. She told me every time you feel like you cannot do it, look at the horse and he's just running. That's why I started running because I saw that animal just running and running. I was like no one can stop

me now from what I want to do. It was just two or three sessions, but that was one of the best therapies I've had.

My other therapist did a good job as well trying to find different resources. You need to find Elizabeth Fry Society for this, BC housing for that, the police station for this. Do not go with him at night. She was concerned. The resources are here, here, here and it takes a lot of time to find which one is the best for you. I wish there was something for women or someone who knows about all those services and guides you. I have to do it on my own because there is no single association that knows all of the available resources. I don't know which association helps women in my situation, but I always stop and read the bulletin boards at school or the hospital. That's how I found the horse therapy sessions, the prayer groups, and smudging ceremonies with the First Nations. That's how I found the psychiatrist and if you feel depressed, talk to your doctor about this medication. Those signs should be everywhere because someone is going to see it. You don't know who you are going to help.

I have been picking up things that I like from different religions. I struggle with going to church because I always think about the scientific part of what's happening there. I sometimes go to the Sweat Lodge with the First Nations. This lady visits me during the week and we read about Jehovah Witnesses. Some days I go to the Christian religion. I like reading books about Judaism. I have friends from the Muslim community. There is the Quran, which helps me from the way they pray. It fills me. It's still a journey that I'm picking up what I like. I haven't found something that I feel like this is mine.

The only therapy besides the psychiatrist and the horse therapy that I have found helpful is the smudging ceremonies with the First Nations. They do a Sweat Lodge which is something you cannot record or share with other people, but it is a private place that you pray

and they ask you to share your story. It is very physical and challenging because it's really hot with the rocks and the steam. So that was a place where I shared my story. It was good. I'm getting myself prepared to work with the First Nations towards doing a vision quest. It is four days out at the mountain. You are fasting and praying by yourself. An elder and other people are taking care of you because you're going to be without food for four days. They say that's a good way to heal. When I do the smudge ceremonies, it heals me because of the smell. I cannot afford to go to a spa and the smudge ceremonies are free so I'm trying that. It is something that I'm interested in giving a try.

A lady who is from another religion has been visiting my house this past year. She has been there for me since the beginning but she doesn't know about the violence. I might share it with her. She is the person that if I'm hurt she will be there for me. I just found that she is the only person who will make sure I'm okay if it has been more than two weeks since she heard from me. I always have someone to reach out to when I can't do it on my own. I contact whoever and say, "I need help. Get me out of here." There is going to be someone who understands. People are busy but there is going to be a time when they are not. So reaching out for help has been important. When I feel depressed there is always someone. Even just texting a friend, "I feel this, I can't do that, or I'm depressed for this." There is always going to be someone.

I feel happiness when I achieve something, even the basic things. When I am depressed, my house is a mess. I don't even do dishes or the floor. I get depressed for a two day period and I don't care what's happening. Then I will clean everything. As soon as I see the house is clean, that makes me feel good. I start with a simple goal. Maybe a 24 hour goal like cleaning or I'm going to do this in six months or I want this in one year. As soon as I achieve whatever, that makes me feel good and I'm glad I did it.

My goal is to repay all the help from the food bank. I am a strong woman and I'm smart, but I need to ask for food. I said to them, "Tell me what to clean and I will do it, just let me have my kids in the corner because I have no babysitter." No one wants to help me with the kids, so that's why I can't work. They were so understanding and they said, "No, you have your money," but sometimes I feel bad for having a truck. I thought I should sell it and buy my own food, but in this city you cannot go without a vehicle. I need to pick the kids up from school and go to work. The day I was without a phone, my employer didn't have an opportunity to give me a job because I work on call. I have to pay for a phone. I explained to them that a lot of people who come for help at the food bank feel ashamed for being able to have a house or their own car, or even a phone but that is not something fancy to have. I hope to help the food bank one day by working there or volunteering.

With school, there was a moment when I thought I was not going to be able to do it. I have great teachers at school and they have troubles too. I explained to them what I was going through and they were understanding. My teachers said, "Don't worry about missing classes because you have to go to court or daycare is closed and you have to pick up the kids." When the teachers told me I had to show them I really wanted a grade at the end of the semester, I just handed everything in and I did great. So that has helped me a lot.

I want to use my story and my experiences to help women. I want to do a Master's degree. I don't want to stop there. Maybe I can help other women by talking with schools and teachers. If you see a behaviour in one of your students, just check to see if she is okay. Her grades are going down or her grades are going up, maybe something is happening. When I'm sad, I study. It helps to fill my mind with information so that keeps me from thinking about

something else. That is why my grades are really good because when I feel sad, I just memorize whatever I have to memorize. So I take away emotions.

The thing that has helped me a lot is to understand my situation because I want to fix it for the future to help someone else. That's my goal. To fix what I have to fix. Now I know I'm not the cause of the abuse. I was a victim. Even when a lot of people tell me it was my fault because I didn't do anything on time. I want to share my story with other people. Maybe I'm too ashamed right now to do it in public, but in the future I want to be strong enough to tell others. I'm afraid because my daughter is going to be old enough to know that's what mom went through. My hope for my kids is for my daughter to understand that abuse is not okay and for my son to know that hitting people is not okay. The reason I left my marriage was I didn't want my son to be the one protecting mom and my daughter being quiet because that's what a woman has to do. Sharing those experiences is an example for others and it is something that is going to happen in the future. I'm looking to write a book about how many women go through abusive situations because of their father, their family, or their husbands.

Culture as Free Choice

I feel that I'm already in the work, so I'm going to start the experience at the tip of the iceberg because that's how complex it is. About five years ago in my life, I had quite a severe mental breakdown. I was under a stressful situation for a long time that really wore me down. It wasn't that there was anything about that situation that I couldn't have overcome. I should have been able to cope, so that's what I mean by it was the tip of the iceberg. It wasn't what was going on in my life right then that dismantled me. It was because of what has been going on for the last 30 years that dismantled me.

When I look back, it really was the dysfunctional and slightly toxic relationships with my family that undermined me. In my family, I would say my physical needs were met. A certain amount of my emotional needs were obviously met too. I have a certain amount of healthy development, but there were pieces that were missing. All I needed was basic mirroring, which was not unreasonable to want or expect. The truth about my family is we don't have those skills so there was no mirroring.

In the months preceding my mental breakdown, my family was obsessed with going to visit my mom's home country. My mom is a brown immigrant and my dad is a white Canadian citizen, so I am very ethnically mixed. I would say a narcissistic storm started brewing and you knew where you were in that storm and where your needs were in terms of getting met. The conversations would be like, "I'm throwing up in the morning. I think I'm feeling a lot of stress" and the response would be, "Stop making it up, and tell us when are you gonna get your passport so you can come with us next summer?" I have to be able to validate for myself that was genuinely damaging. There were specific phone calls in the fall that I had with my mom and my sister that I could feel that was when something dropped, something shifted, something sunk or it was like you needed to be caught and you weren't. I needed a vital part of me, a part that was becoming sick, to be mirrored back to me, and it wasn't.

The following spring I lost my job and that was sort of the first crack. I was exhausted. Maybe if I would've had a little more steam, I might have just tried to pick up and restart. I was in the job for two years and it was very politically ugly as lots of places are. When I lost the job, I didn't feel like I was safe to talk about it. I didn't even know how to explain it to my family. I just knew I wasn't getting another job and I felt like it was like I was sort of going off, over the edge. There is quite a deep history in the family of severe mental illness and therefore I don't

think I was crazy to experience quite a lot of fear. I had huge paranoia that I was going to be institutionalized and drugged up.

The mental breakdown was a very interesting experience because I definitely did not have family members react compassionately or empathetically at all. I had been very high functioning up until that point, so it was such a stereotypical kind of story, “Well you used to work and you used to be fine and now you’re not. We really don't know what to do, except to be really concerned and to have some fears.” And then all the stigma that comes, I wasn't able to experience my family as a safe or supportive refuge at all.

These five years since my breakdown have been quite severe. I can say intuitively I understood right away what was happening, even though I didn't have anybody to validate it. My parents had their own issues, so they didn't have any faith that you can deal with any of this. It was so severe that the first year I was not able to eat anything in the mornings. I pretty much woke up and I would be heaving right away. I really took that as being overloaded with stress.

I did not feel that I was able to connect with any doctors in the medical system. I tried the doctor I had and walk-in doctors and truth be told you need help to explain what is going on. I am sure that I didn't make very much sense. One doctor tried to diagnose me as anorexic, and I said, “You might be right, even though I don't agree that I’ve ever had anything like that presenting before. Not the way I feel like you’re suggesting.” I guess he thought that it was a self-image issue because of the job and maybe he was right on some level, but it still didn't feel like I was going to get treatment that was actually going to help me.

I had a Master’s level of education going into this breakdown, so I really had that attitude if you work hard and you be a good person, somehow things will balance out. This did not work like that. I couldn’t handle doing anything and I knew that this was happening because of the

past. Everything was catching up with me now. It took a while to process but I got there.

Everything that I was feeling was all the retribution and the pent-up feelings from just a whole cache of experiences that built up because of the lack of mirroring from the people who were the most consistent figures in my life. So that was the 30 years of buildup I'm talking about.

Had I been around my family at that time, I don't think that I would have gotten better. It would have exacerbated it and the heaving could have gone into actually throwing up. Another element that characterized that time was I had dreams, like the door was opened. Sometimes they were weird and sometimes they felt like they had messages. When this happened my sleep was so disturbed, which is part of why when I would wake up my body never felt like it got any rest. You had to stay awake until you were exhausted. Then you would fall into a light sleep and you would wake up again because if you went into a deeper sleep, something else would come up. I got very lucky and maybe it was my good karma leading up to it. I don't know, but I got taken care of. I never ended up having to go to an institution. I never became an alcoholic or a crack addict.

There were some benefits as I was leaving that job which really did help because I got laid off. It wasn't that I was fired. I was able to get EI, which really saved my ass. I knew I wouldn't be capable of working and I didn't know for how long. For the first two years of the recovery period, it was quite a scary black hole. I felt very lucky. I just had that financial stretch because I wouldn't have been able to work. I really feel that if I would have been forced to go back to work at that time, it would have gone from a mental breakdown to a physical breakdown. Just any more stress and something was going to give.

For about two months after losing my job it was like I could keep going through the motions even though the symptoms were intense. I could still get out the door in the morning,

but I would come home devastated with exhaustion. My body was fighting and resisting me. I lined up a counsellor where I was trying to work with her on with what happened when the symptoms first developed in the fall and coming to terms with my family. For my own survival, I couldn't be passive anymore. I had to start making conscious and active choices.

Although I was single when I lost my job, there was a guy who I was romantically interested in. In the months before I lost the job, I could feel him start to withdraw like he was reacting to the dark energy that was consuming my inner world. Those types of dynamics started coming into play. We spent a bit of time lightly dating, just sort of feeling out what was left. Then at some point, my brain just does certain things very 1-2-3-done. I think this is the German heritage. This helps me understand that its trauma because I do a bit of a scorched earth policy when I feel like I'm done with somebody. I didn't give him a choice. We hung out three times and the last time we were gonna hang out I showed up and said, "I think this has run its course, whatever it was."

This was the period of my life that I became very educated in Carl Jung. I did not know very much, but because of what I was going through that was one of the worthy resources I found. I would say it was synchronistic timing the day that I broke it off with that guy. I remember huge, powerful resistance coming up in me; angry at me because it wanted him. On some level it really was like telling a child, "No, you can't have that candy" and the child is tantruming because in the moment she really feels like that's what's going to make her feel better.

During this period of life I was feeling that I had to reckon with that sense of self. It really was about earning that trust back because I spent 10-15 years being an adult and not listening to this child-like aspect of my mind, just like your parents have not listened to you. That

was a lot of what the inner child work was during that time, “I acknowledge that I ignore you as much as my mom ignores me. I acknowledge that when I’m hungry, I don’t take care of you. I acknowledge it’s just a sense of inner separation.” Now I’m comfortable with the sensations that interact or engage with that part. I can feel really clear that I want to try something nice, that’s part of the self-care. Those things are very clear to me now, whereas in the past I spent a lot of time ignoring that, negotiating it, compromising it, and dulling it down.

The thing that made this guy stand out is that prior to losing my job and having the breakdown, I had one strong dream about him. Then after the breakdown, as the dreams started coming, he was in them a lot. I was reading Carl Jung and that was helpful for me. I could detach more. It must be because he activated the inner male complex and that was why he was featuring in my dreams. I did have one night of dreaming in particular that was so incredibly powerful that I started writing them down. I had nothing else to do at that time and I didn’t know what was going to help me.

I was spending most of my time sick so I just went to the library every day and looked for something helpful to read. I feel really lucky and really blessed. I think it turned out well for me because in my late teens, I made a deal with myself and not to this level of articulation, that I wasn’t going to hate myself for what I felt. I didn’t want to feel guilty if I felt things come up. It was probably like a mindfulness approach, but not in the clinically administered way. It was just sort of natural and maybe that is good because naturally we want to heal anyways. It seems like sexuality is something we should be allowed to feel. I am not going to hate myself for it. I don’t know where it came from exactly and it was just a moment, but obviously my brain went back to that moment in these two months and it said well that seemed to work. I got through having this sort of dark side or this shadow word that Carl Jung might say it is so I’m going to try that again.

You can really feel in your body when you are speaking right back to that part of yourself because it is unconscious, frozen, and timeless. You can literally lift up the blanket and be like, ‘Oh hey, these pieces go like this,’ and then put the blanket back down. Your inner child says, “That’s exactly what I was waiting for.” Not that I’ve been able to do that with all the broken pieces, but with some things.

So here is my weird life because I'm a brown looking person and I had lot of racist experiences growing up with that. It was the time period during which I was abused that I was also bullied for looking brown at my white-majority elementary school, and also the only time period where I had the chance to know the members of the family that are First Nations. Here I was years later and my counsellor was asking if I have any status given the story that I had been sharing with her. She recommended a First Nations healing retreat that she had heard good things about. I remember my dad had this very romanticized idea about Native culture so I had some of that. I had the empathy because of my family experiences and I thought maybe I can go there and feel a little heard and trusted. As an incest survivor, it was very clear to me that was what I felt like I needed to heal. I went with hope and a really open mind and I was very raw.

I felt like I was still rapidly sinking until I went to this place. It was the group experience of being able to be received and this was really where I get to tell my story. I think that it did help me turn the momentum around. I was so blown away because you could walk out and be in nature. It was so wonderfully basic. You did your circle in the morning. There was lots of space around mealtimes. I was still in my breakdown so I wasn’t eating in the morning. In that context, I didn’t digest because what I was digesting emotionally was so difficult, so lots of space for comfort around that. Even though I probably looked like a fish out of water, I was really in my element once I was there and that got my hopes up.

I can appreciate now, that your unconscious whether you realize it or not, is always in dialogue. It was like they had done everything so that a person's unconscious could understand what it was there to do. They did the Sweat Lodge ceremonies which were really powerful because you get the same experience as being immersed. You are participating in the ceremony and you have that purpose. I really liked being exposed to very raw women. I felt that I was in my niche because I knew how to relate and build connections. I felt so lucky in that so few people get have this experience of actually going to a healing place for having survived sexual abuse.

The afternoons always had a workshop about something very interesting and related. They did a First Nations stages of life, the family genogram or history tree, and lots of historical stuff with the residential schools. It was digestible. You didn't have to panic. It wasn't university. If you imagine just your stereotypical type A personality trying to drive through life, that was exactly what my personality needed – to be in an environment to talk with people and pay attention to their inner dialogue. There I got more validation about the role of dreams because some First Nations people have their own beliefs about dreams having importance and having a relationship with those dreams. They say it is a message from the Creator or that's part of your relationship with the Creator. I consider them part of my relationship with the greater universe. It was just beautiful to be in a place, to hear it described in beautiful spiritual language, beautiful to feel, to hear it and say it like that.

It gave me hope because the guy that I was hung up on, my dreams stayed entangled in him for a very long time. While at the healing retreat I felt my grief get very strong about the fact that it was done. I felt like I was so low and I used their spiritual process. I did a prayer or self-dialogue where I basically asked to have a dream about this guy and I got it. We didn't hook up

in the dream. It was just a dream where we could find each other. It was very vivid and I remember that experience was just another one of those many where I felt the reconnection to Self. I felt the hope that these parts of my mind that I'm feeling like I'm losing control over are parts that are here to serve me and they are here to help me. It wasn't that the dreams meant I needed this specific guy to heal me. The dreams meant I needed to follow through on my intuition on what needed to get done in my life before a love like that can happen.

I didn't stay for the whole program. It was specifically because of one staff member's behaviour and conduct. I had just got to feeling safe. The staff member came into the program midway and hadn't been there to see what the group had been doing. The staff decided, "Well let's change, and go to town this weekend instead of next weekend" and one of the other participants started vomiting in the bathroom because she wasn't prepared for the stress. As soon as that happened, it didn't sit well in my gut. For me it just felt like I'm really not safe or else that woman wouldn't be doing what my stomach is feeling. I ended up leaving. I got myself out of there because after that, the staff's power and control seemed to get worse and it lost all trust for me. This could be a hippie retreat or cult for all I know now.

Getting out of there was so terrifying because it was remote. I just decided that I couldn't trust them anymore. It was probably because I had already started that inner child dialogue. As sick as I was, I wasn't prepared to get myself out of that situation. I was really expecting to be there for four weeks. When I left the retreat, I remember stopping on the side of the road to sit down because I was all full of adrenaline. I felt such peace in nature. I would also credit that on my healing journey. Recognizing that role of reconnecting with your natural environment and how it is so instinctively grounding and healing. I think it's the green grass, smelling the air, and the natural light. There were days where it felt like I had a bag of angry weasels in my stomach,

where I just couldn't eat and my body was going to fight all of it. I know when I am able to lay down and it's sunny, it's almost like laying on a calm ocean and it helps my stomach relax.

After the healing lodge experience, I was really devastated and lost again because that was really my last chance to trust that I could get help from people the way I was. Now it was going to be about just prioritizing and getting through. I had a real powerful dialogue with myself based on some of what I had learned at that healing lodge. It gave me enough breathing space to be like, "I'm gonna try this again. I'm gonna try a little harder or a little more specifically and clearly this time."

I had another follow-up with the doctor who said, "You're becoming anorexic." I asked, "What's the magic number I need to watch out for, to know when I need to come back because the anorexia is out of control?" He gave me a number. Based on my size and health history, it was somewhere around 110 lbs. I was trying to explain what has happened in my life and I'm sure I did sound mental. I asked, "Is there anything like that to just go and be in a safe social environment? I really think my body and my brain can deal with it. It's just a matter of being supported." And, oh God no, your options are like either antidepressants or anti-anxiety or something. I knew with the word treatments there was no social component at all and that was exactly what I got out of the healing lodge retreat. But he told me the number and my unconscious heard it loud and clear and throughout my recovery period, my weight has never dropped below 110 lbs.

I went home and I dialogued more. Sometimes it looked like journaling. Sometimes it was just sitting in the car and taking the time to say, "I can feel you're not happy, but now you know what the number is. If you are really on my side and you don't want me to be hospitalized, then this is what I need from you. I need you to eat because I need this body and if I'm under 110

lbs then we are not going anywhere. So what are you going to do? You gonna tantrum in the back seat for another half hour? Another 2 weeks?" So it did. It was being able to have experiences just like that. I can feel when there is dissonance and I can feel when it is synchronizing. So no matter sick I got or how much I didn't want to eat, I was able to eat enough that I never got below that number.

In the second year I moved back home which was not what I wanted but knew was going to happen next. I was a little bit like this lamb going into the slaughter, but I survived. I did have fear that being back in my home environment would be fuel. Something that my sister and I could never reconcile with my dad was we never moved away from where everything happened. My dad kept that property. Everything was intact from that era of our lives and the building where his dad lived. For whatever reason, it still stood strong. He had been doing little renovations here and there. He thought it was reasonable that if my sister and I ever came home, that would be a place for us to live.

I didn't understand about the boys in the family until I came back. That was part of the knowledge of the homecoming journey. Probably after two weeks of being back, I had really vivid dreams about my brother being assaulted. It was just very graphic. You don't dream about stuff like that very often. Then on top of that, I could tell something wasn't right with my dad. It was a big part of the reason I moved far away from home. He already wasn't right and it was all tied back to the family history in that building he kept preserved on the property. Then trying to have conversations with my mom to piece things together because she was still at home, but she was not very emotionally available. There was my brother in his mid 20's who was also still at home. How frozen are we?

I had to explain to myself, “These are the things that are in my way. The way my dad is right now, is in my way. The building where the abuse happened is also in my way.” It was really interesting because by the end of the third year after my breakdown, which I felt like I shouldn’t have survived. I really felt like I could’ve ended up on the street because I was in that much pain. By the end of the three years, I was able to remove all the things that I asked to not be in my way anymore. It was very weird and karmic. I had the interesting benefit of witnessing the end of my dad’s life. I came back just in time and he passed away from cancer. I was the executor for my dad. I don’t feel like it was coming from an evil wishing. I got to clean up. I was really happy and relieved as his daughter to see him go peacefully because you feel like on some level that’s what they carry with them in that next chapter in their journey. My mom was still at the property and our relationship was rocky. My brother finally left. If he would have stayed we would have stayed at odds. But once the obstacles are gone, the unconscious will give you what you want. I had exactly enough energy to dismantle the entire building. It wasn’t super big. It was a cabin, but I was able to dismantle the whole thing. I knew that it was a personal healing thing. This place wasn’t going to be my cancer. I was gonna be its cancer. I was gonna pull this thing apart from the inside out.

I had interesting dreams all throughout these three or four years. I didn’t know what to do, so I took what I could use. I read lots of other stuff, but Carl Jung was what spoke the strongest about this kind of thing. The Red Book was actually just a book of dreams that he did during a year of his life. It felt so unbelievable what was happening. I had dreams that showed the relationship with my grandfather shifting as this process happened. I also had dreams about my dad, showing that our relationship will always be difficult. He never abused me directly, but

there was a lot of covert tension. We joke about even in the spirit world, we can see how he hasn't changed.

I would say that certain kinds of safety didn't come until both the abusers had died. My dad was not a full out abuser but he held that energy. He safe guarded that space so that same stuff could still flow in. It always felt like he was full of ugly parasitic somethings. If he hadn't gotten sick when I came home that fall, I know he would have spread those ugly parasitic somethings to me, and then my life would have really been over. I probably would have killed myself before letting it come to that. After he was gone, I remember my sister and I sat at the kitchen table at our house and it just felt so different. We laughed and talked about how we both could feel it. All the negative energy that was pulling us down was gone. It had just left in dad. We weren't gonna let my dad have it like his dad had it. It was like catching a predator in a sense because you know which doors he was going to try to go through. Whether we were collaborating together or not, we had locked every exit. I was not having kids. You're not gonna get what you're looking for from me and I'm physically too old now. You're not getting it from your other daughter, cause she already told you to go fuck yourself. She ran away from home and it was under the circumstances of him getting drunk and getting aggressive with her. One thing I can always say to her is, "I do understand why you left and you never came back. It was never gonna be safe for you to come back." I never felt safe enough to come back.

My dad had a lot of emotional issues with being able to be happy for his kids because of the damage in his own relationships with his parents. Some of it I think was pretty obvious and more of it just became more obvious with time. I think those elements for healing as you go into adulthood are very helpful because you don't need to be angry if you can understand, "Okay dad, I can understand why you couldn't love me. I can see why you ended up where you did in your

life.” My mom was the healthier parent but she had issues. We have a lot of healing to do in our relating as women and mothers and daughters.

In the last couple of years, I reconnected with the youngest uncle from those First Nations members of the family who were around during that childhood period. I was able to find him. We had exactly three months of reconnecting and I was able to understand why I was so frantic to find him. There were parts of me that didn’t understand why everybody went away once the abuse became known and that’s what he symbolized for me. Once those charges were laid, that branch of the family just disappeared and we never visited and we never got to talk about them. I told him about my breakdown because I knew he was most likely to understand. We talked a little bit about dreams that were about romantic figures like ex-girlfriends, so that helped confirm for me that it’s normal that whoever you are romantically interested in can become so caught up in the imagery.

I was the first child that came out of the marriage between my parents. I would really say that was a protective factor because on that child level I got a good foundation for “I am valuable.” I am so important because my dad, he really needed it. When I was a good girl at school and I worked hard, then I saw that school could be my pathway out. University was also very healing and I loved grad school. I could have been a very damaged person with my own identity. I didn’t heal the disconnection from my mom’s identity until university. I was away from my dad and once I was in university he couldn’t control that anymore. I could meet women. I had a couple very close friends. I went to one of their weddings and that was my cultural reinitiating. I would say reconnecting with ethnic identity on both sides was really powerful for me. I have to give two sides of it attention. Now that my dad has passed, it’s easy for me with my mom’s side because I can do a lot of that healing work just by bringing her around. We

participate in cultural events. I get to wear the clothes. I like listening to the music. Being able to go to my Sikh friend's wedding, I finally had a chance to just be immersed.

The German part is just as important and I reconnect to that part, I even think genetically. During my breakdown I was like, "If I survive, this is what I will do with my gifts." Part of the deal with myself was that I really believed that I could sing in German. It's weird because growing up music always felt like stuff I didn't understand. Like I couldn't relate. It wasn't until my breakdown that I decided I will try and pick up an instrument. The first year was horrible. Even on the guitar, I couldn't stand to hear myself play. In the last two years when I finally got more functional and cleared those hurdles, the guitar started to pick up. I can sing very confidently, certain verses and a certain amount of songs. To hear me sing, it's like how my soul and mind filter it. It's like Rammstein is the background music for that journey of my life. This is how my experience has translated it. Rammstein has quite a lot of lullaby type stuff, so there is a lot that sounds really soothing to me. When I hear him singing, I know how I could sing that to soothe myself and it's very powerfully linked to that identity piece. Who else is going to understand what the men in my family were like? Other men from that cultural well of life.

I know for my spiritual healing, my sexual healing and all of those difficult elements, I've been able to re-channel the flow. It's not 100%. I'm still single. I still feel like I'm not 100% perfect but I'm much healthier, like 90% feeling like I'm not ashamed of myself as a sexual and spiritual being. Being able to learn German songs about the darker challenges of love and romance was very helpful to me.

So part of the deal to get myself to where I am today is living in my truth and doing what I can with what I've learned through what I've survived. I don't know how that's manifesting yet. I'm working on things. I can hear really clearly what parts of my truth I need to honour.

That's how I would say it. Moving forward now is about not living at all in any compromise. Even if it comes at a cost with the relationships with people I have in my life. I thought about the knowledge and life experience I have. I do have friends in my life, not very many. I did the minimizing and isolating thing because that was easier for getting forward. I only kept in touch with one person consistently over the last five years. I had a really hard time being that dependent on somebody for such a long time. She's just a good person and our friendship has endured. I don't have much for people close in my life because it's almost like once you make that shift to living in your truth, that's what it's going to take.

I'm going to advocate for what I think is going on for men. I will probably use the combination of my ambiguous ethnic identity to be a bit of an ass about it. I am very outspoken now about sexual abuse and boys. I'm going to be very pushy about that as a professional. I kind of feel like it will probably be my hill so to speak. There is so much of a risk you take by trying to advocate in this field. There is some level where you know this is it, this is who I am, and this is what I'm advocating for. I could have a really powerful voice if I wanted to. I'm going to keep honouring it as best as I can. I'm going to keep going through the motions of my life. I have been able to get back to work for the last couple years, so things like that makes me again, just really happy.

Letting Go

I will call my healing and recovery a divine intervention because there was no formal intervention, none. Nobody spoke with me or sat me down. I didn't really go in for any counselling and I didn't go in for any talks. I just sat down and reflected on what had happened. When I was young, we were living with my grandparents. One of my cousins who was several years older than me started abusing me. This was a cousin, so I thought I was safe with her. I

thought it was just a normal thing and then I started looking forward to more. She did not continue with me, but there were several other women along the way. I was left with an aunty to take care of me and somehow she did the same thing. It was happening again. For me I didn't see it as abuse because my cousin had done the same thing. I thought it was normal, so I didn't tell anybody.

I became sexually active at about seven or eight. In my country, this was just what it was like to have sex and I got involved in so many messy things. Along the way, I ended up having a gang of boys and we kind of became a societal operation. I became a different person. My teachers wouldn't look at me and even my father gave up on me. I started smoking. I started drinking at that young age. I did marijuana. I did all sorts. I was with a woman who was about 25 years older because I believed the older, the sweeter. I was into too many things. I dated prostitutes, went to whore houses around town, clubs. I was 10.

I was academically sound, but I wouldn't attend class. When it came to exams I would always pass. I could understand anything just like that so I became a terror to them. I was so arrogant. In my year five of secondary school, there was a provincial exam to get into the next class. I was in the senior secondary class and there were about seven subjects. I had written about four and then I got sick to the point that I couldn't write some papers. I was crying not because I was sick but because I knew the consequence of not writing. This might just be a failure.

My mom went with me to the school and told the vice principal of academics everything about me. They happened to go to the same church, but that was the first time the vice principal knew she was my mom because I wouldn't go to church with her. My mom also went with me to talk with some of the teachers. Just like I said as God would have it, all the teachers said there was no need for me to write the exams because I was going to pass. It was out of their academic

year, so they wouldn't do it. That meant I would have to repeat that class. I was distraught. I did not stop drinking. I did not stop smoking. It was time for me to sit down and ask myself some questions. I didn't see it as a prayer or solitude for myself. I saw it as a disappointment in myself. I felt bad. I would have to repeat the class. I was the popular guy in school. Now I was failing and had to repeat the same class, so I stopped going to school altogether. That was the first time in my life when I really sat down and read a book.

I started preparing myself for the senior exams. It is called a senior secondary certificate. It is the exams that they submit to universities to be considered for admission. For you to get into those universities, you need to have good grades. So I said, "Okay, I'm going to do this." I knew I would pass the exam. I just didn't want to pass, I wanted to do well. I started preparing myself. Even my father was impressed. When everybody would go to bed I would stay back in the living room to read. My father was like, "Wow has he really changed," because he gave up on me. I wasn't going to school. I have a stepsister so that meant if I went to school we would be in the same class. I was preparing myself at home. I got myself registered and I came out fine. In all of my family, I think I got the best result.

When I got into university, I started seeing people. Having some other forces or some other guys working with you, will make you better. The break that I had from my boys, that separation was the only thing that helped. Some of them were my closest friends. I let them go while I stayed behind. I was not able to talk about my experiences because it was much later that I realized when I did those things that was not the person I wanted to be. I realized that it was the abuse that led me to, not that I was blaming anybody, but if I had gotten the protection maybe I wouldn't have done the things I had. I really thought I had to get attractive older women because all of those people I was abused by were older women. I thought I was broken. I was shattered. I

wished I had the chance to go back and re-live because it was a gory experience. I have pictures of those times that come to mind and maybe bad things happened because of the life I lived.

I learned to have forgiveness. I found that God will not re-visit your sins. Once you confess your sin, it will let go as long as you are ready to let go of it. Many people find this notion of forgiveness and they take it too hard upon themselves. Now I tell my wife the easiest thing to do is the most difficult thing to do, and that is forgiveness. As a Christian when you ask God for forgiveness, how do you know God has answered you? When you pray, "Please God forgive me," and you don't get any word, how do you know he has forgiven you? I believe that God forgives you immediately. So the best thing for you is to know in your mind and your belief that God has forgiven you.

I just need to forgive myself. I'm not going to die over this. If you hold onto whatever pains, you're just killing yourself. Life is too short and that's what I realized when I was holding onto that pain when those things would come to my mind and I would feel depressed. I would want to go back, turn back the hand of time and I found that I can't. The only thing I have now is this moment, so I have to live it positive and that's what I'm trying to do as much as possible. I'm trying to talk to as many people as I can and let people know, hey forget the past. With trauma it might be different. I can't say, but I won't breakdown. Be strong. Don't give up. Life is just too short. You have many important things to put your energy into.

I am not the church going type. I always ask people what is the definition of Christian? What is Christianity? Being Christ-like that's just a symbol. If you understand Christ you want to follow his way. It's just straightforward and simple. Do unto others what you want them to do unto you. Think of others first and be good to people. You don't have to be the best in the world, just be nice. I found that at times I was living rough. I was a heavy smoker. I'm not saying that

smoking or drinking is bad. It depends on your own notion. I drink now, but not everything. I had a stick a month or two ago but now it depends. If someone tells you, “This is good for your health,” it is giving you options. You enjoy it or you have the option to decide what you want to do.

Maybe I have a buffer because I don't hold onto pain for too long. It comes fine, but why would you hold onto pain? I actually came better at that when my mother passed away. She was the only person who actually believed in me. She stood by me. She gave me everything that I needed to survive. She practically handed a life so that I could start mine. My mom had to sell everything to make sure I went to university. She sold her jewellery, her business, everything and she handed that money to me. When I left university, I was fortunate that I got a job. My first and second year at work, I put in all that I had. I did everything to save up money, but the money could not save her. I thought why should I kill myself for an action of wealth over pains that will go on. Why should I? So it is better to live positive. For me, I have done some bad things in the past and if there is karma okay fine. There is this moment that I have. I'm going to live positively and that's what I'm doing. There are things we have done in the past that we are ashamed of, but it doesn't matter if you have changed your way. This is the way I want to go and just keep at the good thing.

There was just one thing that hindered me – self-doubt. When we have self-doubt it kills our dreams. It kills us so fast. Make your choice, but choose life. There was that doubt of how can you achieve something. You start questioning and thinking about how do I achieve it? I have survived, but I want to live and that's just it. For the self-doubt, there is self-belief. Believe in yourself first. Whatever anybody wants to tell you, your pastor, your mother, or your father, you have to believe in yourself. You always have to go back to that.

There was a time in my life not even that long ago, I was so depressed to the point that I felt suicide was the only option. That was the first time in my life I felt like that. I have counselled people. I have motivated people. I have encouraged people. Then why was this thought coming to me? The depression was I wasn't making money. I have a wife and children to take care of. I have school fees to pay. I have marriage. I was even ready to go back into Corporate Nigeria to take a job that was not fitting. I had to tone down my CV and remove some experience, but still no job was coming so the depression set in. It got to the point that I was at the threshold of reality so I picked up the phone and I started calling friends. Thank God I have friends that good, even old friends. I did not tell some of them what was happening. I just called them, "Hey, how you doing? What can I do for you in your company?" Some of them would not pick up and some of them did call back, "Hey, how you doing now?" Within two days I became light again. I was back on my feet. I wrote about it later, which I posted on social media. Those who deciphered what the message was, hey depression is real.

There is a poem about a fine gentleman who had all the things in the world, but committed suicide. We might believe others have it all and because people look up to them some of them might find it difficult to share that experience with people. They believe I'm a super human so someone who looks up to me would not know I got my pains. I think we have two issues. One, in the part of the world where I come from there is inadequate counselling. There are not good centres or resources. Two, there is inadequate reach out. People don't reach out. Some people might just hold onto their opinions and believe that is the way out. I believe that people are not reaching out enough and maybe it is general to human beings – that ego.

I am a writer. I've always thought that writing might be my retirement bedrock. I worked for seven years and I left to do writing. I found out that was what I really wanted to do. Writing

has been helpful for me in taking my mind off things. My first book I wrote about my own experience in a fictional way. I didn't write bad graphics. I put characters to the experience. Each time I remember those parts, I wish I could go back and apologize to those who I have hurt. I really wish I could. I wrote it. I did it, but I can't go back and read that part. It's too painful because it was my experience. I only put characters to the experience but it was enough. When I get to that part in the book, I just jump ahead. Not that I'm not healed but just like I said why hold onto that pain.

As an example, I'm married and my wife is a lawyer with 20 years of experience. Any time my wife and I have a disagreement, sometimes she wants to go back and talk about the pain I have caused. She might say, "Just like you did two days ago." Why go back to two days ago or two years ago when I did something wrong. I have to address the issue we have now. It's not for me. I have forgiven myself. She can't put it back on me. She is holding onto the pain. So I will tell her, "If that is what you want to do, I'll excuse myself and go to another room. I'll do my own thing." That's just it. So maybe we start telling people to look within themselves and the things they don't like about themselves.

Before I came to Canada one of my boys who I have not seen for a long time chatted me up on Facebook. He now lives in the Netherlands and he was telling me about some things. I was just quiet. He found my phone number and called and said you are not responding to what I was asking. I just laughed and I apologized almost immediately. He goes, "I'm sorry I asked you, no problem." I didn't even have to voice it, but I felt his way was not my way. It is not how I live. My spiritual belief now, it may even be my stance or my philosophy. If I live and I'm not making any positive impacts or you're not going to make any positives, then why should I bring you into my space? Why should I waste my time with you? That's the way I operate. Even if my

wife calls me today to go home, I would say, “No, I need to finish this.” It comes upon me like a spirit or an external force taking over. I give myself to that. This is what I want to do and it’s that feeling. It’s orgasmic for me.

I’m finding classes are difficult for me. I enjoy it but I have a Master’s degree from about eight or nine years ago. So going back to class, I don’t like having to write academic papers now. If you left me in a room with a computer and provided food for me, I would come out with a book because I love writing. Just like I was telling someone today if I had known I write so well, I wouldn’t have bothered going to school. Thank God for going to school because I’m meeting different people. School always brings people together.

I really put my mind and energy into writing. I can write something that will change people’s lives. With any writing I do on social media, I always post that others don’t have to agree, just read and understand. It is fine if you don’t like it, but you don’t need to react. I had joy in writing the post. You live well in your small corner. I will live well in my small corner and then we’ll come together. The rippling effects will go like that.

There was a job fair in school and one of the things that I volunteered for was to talk to people. I give them my email address and phone number in case anyone wants to talk. Maybe you’re feeling depressed or you have thoughts of suicide and you need someone to talk to. This is just volunteer that I can do when I work. I take some time to talk to this person and just listen. So many people just want to cry, so let them cry on your shoulders. Don’t tell them to stop. Cry, weep, or wail. Enjoy it but at the end of the day you pick yourself up. You fall. You rise up, dust yourself off and move. That’s life. I really love talking to people and talking about my experiences. I want to move forward positively and leave the negative forces. This is what I want to do and keep at it.

Carry On

The expression ‘suck it up buttercup’ is pretty much the kind of deal I’ve had my whole life. I really had to suck everything up and just deal with it. My mom was from Russia and she died when I was four. My father married my adopted mother around Thanksgiving and we had a traditional Potlach. Dad just picked me up and said, “That’s your mom now.” I looked at her, okay she looks Native. I looked at her skin. What’s going on here? I remember this woman was screaming at me because I asked her to kiss my owie. This woman was mean. What’s wrong with her? My dad said, “She went to Residential school. She was taken from her mom and dad and put in a Catholic school. I can’t do nothing, that’s my wife now. This woman has to look after you and your sister. She don’t know better. Your mom wouldn’t want you to be like this. She made the best out of a bad situation.”

Dad had to work full-time. We had separate bedrooms but mom said that was just too much. Our old room was taken down and the basement got separated. The brothers in one corner, me and my sister in the corner beside the laundry, and the cats in the middle. We were in charge of feeding the cats and taking care of the house. When my mother was alive we didn’t have to worry about stuff like that. Just go to school and be a kid. That all ended when I was four years old. But I toughed it out until I was 16; me and my sister toughed it out.

I was the oldest girl so I was the one to get the training from grandma. There were days she had to travel away to band meetings and someone had to be in charge. Grandma said, “I’m sorry. I didn’t want to tell you this, from today on no French, no Russian, and no white man language. You speak the language or you’re not going to learn nothing in this world girl. Grandma runs a tight ship so this is how we got to think of a social worker kind of deal. I know what’s going on, but I act stupid because the white man wants me to act stupid but this is what’s

going on. Right now we're dealing with your family. You and your little sister are Russians. We're in Canada. Forget about that."

Grandma told me that, "Mom went to Residential school. She was taken from me and your grandpa. She had it rough too. Now we got all you kids to look after. It's mandatory you're going to do your school work and cook for the house. This is an initiation. So we have a calendar, we start here and we work our way back to Sunday. What happens on Sunday? We pray to God. What's his mother's name? Mary. What's his son's name? Jesus. You get that straight. The Gospel, Matthew, Luke, John. You hear those, you keep quiet. You do what the priest tells you. You don't make me look bad. I will spank you once. The priest will spank you even more because he's got the authority. Okay, what happens on Sunday night? We get ready for school. What happens Monday to Friday? We kids go to school. Kids need bag lunches, we need things done. We always need bread in this house. We always need fish to be cut. We need all this stuff done and you're the one to do it."

I remember when Grandma asked, "You know how to make bannock?" I was like, "Grandma what's bannock?" She said, "We are going to make First Nations croissants." So we get the flour, the water, the baking soda and mix the stuff. The first time I made bannock they were hockey pucks. Not too good. She says, "You want to make bread" so we start making bread. I'm looking at the flour. "Forget the flour you got to get the yeast. Your mom never told you about yeast?" No. When we lived at mom's house the bread was already made because she worked the night before. She had a system that worked for her, but not in this house. Grandma had different rules, "We need bread for the week. Men first, then kids. This is our livelihood." Me and my sister knew nothing about a working barn, how to milk the cows or cut the chickens

head off. We had this Potlach and we had to do fish. We made bread, bannock, cut up veggies and cheese. We knew everything about a delicatessen you could think of without even knowing.

Everything went well until I was 16. I got transferred to this community. My sister and I got put in foster care. My brother went to jail for two years. He got out early on good behaviour; a slap on the wrist. My sister never recovered. She was beat up. I couldn't do nothing. I thought it was my fault. I couldn't save her. She was beat up by my brother because she said, "No, I don't want sex." That's what got me. I thought it was normal to have sex with your brother, just like sex with your husband. It was like that when I got married the first time. I was just a sex machine and my second marriage the same thing. Only that time my husband was a crackhead. Anyhow to make a long story short I was introduced to sex for a long time. We know lessons we never thought. We started charging for sex in high school. I would be my sister's pimp and she would be mine. We would work on the weekends. We'd hussle. We'd go to school. We'd have one bag for our school stuff and another bag for our sex stuff which we kept at school. No matter how sick we were sexually, we wanted to make the money.

When grandma died that was the end of my training. I knew the books and ran the house. People go to school or university to get a degree. I have hands on training. When it came to my kids I was fucking lost. My son was born gray. I remember lots of Lego, books, and crafts. I bought him Lego like it was going out of style. I had more fun playing with it than he did. Every chance we got, we played with blocks. We found pictures of the Empire State building and got the Lego going. They call it play therapy in treatment, that hands-on experience.

I've been to treatment. It worked to an extent, but it was just a band aid solution to get away. When I went to treatment the first time it was to get away from the sex. It was the first time I went to sleep in a real bed. I had guys hanging at my door, but I didn't have to deal with it.

It was a break for 28 days. I was a sex addict myself so I had to take long showers and masturbate. Once I figured out it was the sex thing, I learned how to deal with it. I prayed about it. Dear Lord Jesus, I just pray my heart is now healed. I have no time for it. If I can't have a partner who loves me, I'd rather have none.

I became an artist when my brother contracted HIV and I wanted to discuss it in a way that didn't hurt the family. I don't know my language. I can make bannock until I'm blue in the face, but I wanted something tangible because my adopted mother is going deaf and blind so she needed stuff that she can feel. She has respect for me because I stepped in as a Hereditary Chief.

I was at the psych ward a couple of years back. The psychiatry worker said to me, "If you keep having antics like that you will never leave this hospital. This is how it works. I'm the one with the degree. I know what I'm talking about. You got nothing. You got two pills and a cup of water. But that is the challenge you must face, to separate the realities in your head to the facts. We're going to start today." I would talk to myself as the third person, "You have issues. Don't do that. Be a nice person and you'll get along just right." That's why I take medication.

My brother is East Indian and he came to visit me at the psych ward. He was going to make it worth her while so he said to the worker, "That's my adopted sister you're talking to. She took me in by the grace of God. I hope you have respect for my sister. You give her disrespect, you talk to me. She's gruff on the edges. Do you remember back in India we had trouble with the Russians? Remember back in the 1800's our ancestors and the story of Aharsi the Bengal Tiger. Please have some understanding for where we come from." Then my brother turned to me, "Sis, you talk to my comrade over here and don't be such a shit. Listen. Take your medication. Drink your coffee, have a bath, and go to bed. You're here for everybody but

yourself. Do it for yourself. Good night. See you on the outside in 21 days.” Yup and I got better. I started taking my pills. I’m here now.

Going to church has been helpful in my healing. Doing whatever it takes. No matter how pissed off God was with me, I found the Lord was forgiving. When I got married that was by grace. To this day I refuse to get married in the Catholic Church. I have too much respect for grandma. Some days I get hurt. Some days I have to go to the church and pray about all that is hanging over my head. The first time I got married, I became a Christian. The second time I got married at Knox United. This Sunday would have been one year. I was able to forgive my husband. He won’t forgive me but I have to let that go. I have to let him go. It really hurts.

I started my healing journey when I got cancer. I started working the Eastern medication. The caste system, India, China, Japan. You name it. I’ve been reading about yoga, Reiki, the stones and rose water. Chakras are energy centres in the body that has to do with East India. The chakra stones have certain vibrations and colours for healing. According to the East Indian beliefs, I’m at the seventh level of my chakra despite what I went through.

Yoga, pills, and the healing circles have all helped. I learned all that. I went to get the Dead Sea salts, the Epsom salts for healing. This little old lady says, “Don’t buy the stuff that costs \$10. We’ll wait until you win the lottery. You buy this stuff here.” She’s a geographical care person. I couldn’t afford it that day because every two weeks I get paid with that so-called bullshit cheque. I’m so hard on myself. I’m a slow learner. That’s why I eat the way I eat and live the way I live. If I knew better I would have my own house. I can’t get that.

I’m tired. I started chemo this week. I was supposed to go to my AA meeting. I was going to lay down for 10 minutes. It takes 10 minutes to travel. I got up at 11:00 and missed the

whole meeting. I was upset because it was my home meeting and they had a business meeting. I'm surrounded by all the alcohol yet I can't drink because I'm in the AA program. That's why they hired me at the bar. I'm not the one in the back watering stuff down. I have the server papers and I can still go home at night and sleep. It was not the same a year ago, but right now I have to take it easy because of the chemo. It started this week. I was wiped out completely. I had to buy some clear stuff because after the chemo I tried to eat French fries and gravy and I just threw it all up. What a waste of \$5. It's half hour chemo until December when I get my operation. Oh I can handle it, but this is too much. I have to slowly walk home from the hospital. Normally it takes 20 minutes to walk anywhere, but now it takes me a long time.

Grandma had to go. I lost my mom, my dad, everybody, but it helped me deal with what I have today, cancer. If it was anybody else, they would have been dead already with all the shit I've put up with. It's what scientists call, I'm a human guinea pig. Strain addict. You put me in any kind of strain, squeeze me in the cheesecloth. They'll still come up with something. Half a fuck all is still half a fuck all. It's just to make the most of it. I joke around cause it's always been the way, but I need to take care of myself now.

Achieving Wellness

I will start with the positive stuff; the healing part. I was in therapy for seven years and I took the last year off partly because I couldn't afford it anymore, but also because I feel that I've done the bulk of my work. I also wanted to know how I would manage without doing therapy for a while. I was always telling myself, "Well you can go back at any time." So in two weeks or one month, you can't cope, go back. I recently moved to this community and I have found a counsellor. I'm not clear what my goal is yet, if I'm going to continue with my therapy work or just think short-term and figure out what I need more in the moment. Not necessarily doing 'my

work' but having someone I can check in with once a week to see how I'm doing is helpful. If I have an issue or need to find help with something, it's helpful to have that connection as well. It is hard starting with a new therapist, especially when I have been working with the same person for seven years. I'm used to a specific approach and a specific method of working. I know this person quite well and I stuck with it.

I made the decision right from the beginning because I had heard too many stories of people running from one therapist to another as soon as things become challenging. I was like, "Nope, I'm not doing that." I stuck with her and there were tough moments where I wanted to give up and leave, but a part of me didn't want to do that either. I've come a long way in those seven years and hypnosis is definitely something that has really helped me throughout. We did hypnosis at every session for probably about half the session and the other half was talking, Cognitive Therapy. She would use one specific script that didn't change, so over the years my brain has learned parts of it. My brain doesn't remember the specific words of the script, but it remembers different feelings. It's like my brain has developed a new pathway for hypnosis over the years. The more I've travelled it, the more it helps me. What is really cool about the hypnosis is that over the years I've continued it on my own, not necessarily just lying down and saying, "Okay, now I'm doing my hour of hypnosis," but whenever something comes up in my daily life and I'm triggered or I find myself feeling anxious. It's become almost an automatic thing where my brain goes, "Oops, okay you need to do this right now." Even if it is just for a few minutes, it helps me. It's not so much of a conscious thing anymore, it pretty much happens on its own now.

The first time I actually called the therapist was back in 2000 when I had my first flashback. I had repressed everything for a long time. I remember thinking, 'Wow, what the hell was that,' and knowing that something was horribly wrong and feeling like I needed support.

The memories were going back to when I was just six months. I couldn't believe it at first; of course a lot of disbelief and not wanting this to be real. Trying to deny as much and as long as you can. I remember opening the yellow pages to see who was in town that could be helpful. I gave her a call and she sounded so loving and caring. She had told me how much it was per session and I was on disability. I couldn't afford it and I was not quite ready anyway. Maybe I was using the excuse that I couldn't afford it, but at the same time it was a scary thing. You call and then you go, "Do I really want to do this?" I remember telling myself, keep making it a mental note that if I decide to go into therapy, I would give her a call for sure. I did seven or eight years later. I called her and said, "I haven't forgotten. Here I am and now I'm ready to do my work."

When it comes to working with professionals, I am very aware that it is not going to work for me if I'm faced with someone who puts themselves above me, "I'm the psychologist and you're the client." I will be talking about extremely personal stuff, so I need to feel comfortable with that person to start with. I don't need someone who has ten thousand diplomas displayed on the wall and calling me a client. I can't work with that. I need to feel like, this is my body. I'm in control. You are there to give me information that I can use to help myself. You can give me suggestions, but I'm the one that wants to make the final decision myself. It's my life. So that is one thing that is super important in a therapist.

She never put herself above me. I would get mad at her when she would notice that I was trying to give my power away. I got so mad at her many times. Whenever I had a question for her, she'd always respond, "I don't know." In the first year I was naive and I really believed that she didn't know. By the second or third year, I became a little bit wiser and knew that she knew the answers. I would give her that smile. "Okay, here we go again. Alright, I'm going home and

I'm gonna figure this out on my own. Why do you make my life so hard?" But I thanked her in the end because bit by bit my confidence started growing. I'm not an idiot. Everybody's got access to the internet, just google anything and the answers are right there. I think that had been triggering because also I remember when I was a kid, whenever I asked my mom, "What does that word mean," she would always respond, go check the dictionary. And I would get mad at her for not telling me.

So in terms of the relationship with the therapist, those were very helpful things; no walls, no pedestal, and her really working hard at helping me empower myself. That was so huge. I don't know if it was the top priority for me in the work that I've done. Being empowered is super important because my power was taken away from me when I was a child, right from when I was a baby. I am still not even that clear on what losing your power and regaining your power or being empowered means. I am starting to have a grasp for what it does mean because I am really seeing a lot of good stuff happening now in my life that couldn't happen before. Being confident for sure is one part of that. Having more trust in yourself, maybe is part of that. I'm sure there is a lot more to this story that I'm not fully aware of yet. The work is still happening and I still have a ways to go. I will continue doing the work because I want more of that good stuff.

When you're in therapy, it brings up things and you remember the past. It's funny because in therapy the first thing that wanted to happen was for me to share that I have memories from back when I was about six months old when the sexual abuse started. Telling someone for the first time is scary because you are not supposed to remember anything before what, age five? For a long time, I questioned myself with my memories. Am I making this up? Is it possible to have memories from when you're a baby? I have struggled with that for years. Now I feel more

secure with these memories because I have come across other people who also have memories from a very young age. I've been on the website for survivors of sexual abuse for a good five or six years and I have met a lot of people there.

It was mostly during the second and third year in therapy, working with the memories and of course the flashbacks really hit hard. Nightmares really hit hard. Horrible insomnia, but I've had really bad insomnia all my life. That wasn't new, except that in therapy it got much worse. Sleepless nights or nights where I could just sleep for a couple of hours at a time. It was during that time I was still able to work enough to support myself, but my nightmares and insomnia got so bad that my therapist almost begged me to go on disability. I had been on disability years before but for a different reason. I promised myself that I would never go back on disability again, so it was tough when she encouraged me to go back. It was like, "No, I don't want to go back on disability. It was the most horrible thing. I don't even want to live anymore if I'm going to do that." But things got so bad. I got ill. There was this viral bug going around town at that time that a lot of people actually died from, N5 or something. I came down with that and I wasn't able to work for like a good six weeks to two months. That's when I broke down and reluctantly decided to get back on disability because I couldn't support myself anymore.

I journaled for hours every day, especially when I was on disability and had more time. I continued working a few hours a week but had time to look after myself better. I journaled so much that at one point, I let my therapist read parts of my journal and she said, "You should write a book." I'm like, "Are you kidding me? A book, I don't think so!" But I did write a book, not with the goal of it being published because I just couldn't wrap my brain around that. It is just too hard publically. It's hard enough in therapy, just telling one person. The book is still sitting there and I think about it once in a while, but it still doesn't feel okay to publish.

There are a lot of hypnosis files on YouTube for people with PTSD, which I was diagnosed with. Hypnosis files for sleeping helped too. There was lots of stuff available for self-confidence and I did a lot of it on my own. My full-time job became just taking care of me every day; writing, journaling, listening to those files on YouTube, and meditating every day for two to three hours. Cooking and taking care of my basic needs was hard at times too. It is tough when you're really struggling with flashbacks and sometimes even just cooking a meal for yourself feels like you're climbing Mount Everest. It feels impossible and it's a vicious cycle because if you don't eat well, then it affects you further mentally. It just makes everything worse.

Even now, I am doing way better but if I skip a meal then I start going downhill emotionally and I'm like, "Okay, what's going on? Are you triggered?" I sort of listen to my body and it tells me, "You haven't eaten much." I get tired of eating because I get tired of having to prepare food. There are moments when it is hard, especially if I have weeks that are harder. Making sure I eat well is hard too sometimes when it is so convenient, especially in this community, just to stop at McDonalds or Tim Horton's. Junk food is much more readily available and cheaper too. It's tempting and once in a while I tell myself, "It's okay that you're eating junk food once in a while, at least you're eating something." It's not perfect but it's better than nothing.

I remember meeting with a psychiatrist a few months ago. I had never seen a psychiatrist before but back in March things were pretty rough. I thought I would never beg for medication but I reached a point where I needed something to help me sleep. I was getting ready to move and a friend of mine was having her own life crisis and I was helping her along. I got to a point where my stress levels were out of hand and I knew I needed a little bit of extra help to pull me through the move. The psychiatrist asked if I had any addictions and I said, "No," then I smiled

and said, "Chocolate." I'm a chocoholic. So that's what I do when I need something. I need to work on that too because there are side effects to that unfortunately. It just works like any other addiction. It's to numb myself; to make myself feel good. I tell myself, "Well you're not drinking alcohol, good for you. You're not taking drugs, good for you. Chocolate is not so bad." I suspect that with time it won't be something that I'll want because I'm triggered or depressed or not feeling good for whatever reason. Maybe chocolate will become something that I want to eat for a different reason. I have noticed that when I have a series of good days in a row, I'm not even thinking about chocolate so that's a good thing.

I have a nursing background, so I had a negative attitude towards psychiatrists in general for different reasons. It ended up being a really good experience because the guy didn't put himself above me. No white coat, no diplomas on his wall. He was really easy going; an older guy with a big white beard that looked like Santa Claus. He was in jeans and I wasn't expecting that. I said, "I'm here because I need extra help. I am already doing everything I can to help myself in therapy. I'm using all the tools in the world." I didn't know where else to go, this was the next step. I'll go for medications and maybe I will just need it on a short-term basis. It's been a little miracle. I decided to adopt the attitude of, whatever works. I don't care what it is, if it works, great. Even if it has to be a pill.

I'm on two different medicines. One is Seroquel which is an anti-anxiety, but it's more for sleep for me. I can't fall asleep because of the anxiety, so doc prescribed a sleeping pill. I'm on a low dose. I don't need to take too much. The other is Clonazepam. That one is very addictive. It's just for emergencies. I've been told not more than two pills a week and not two days in a row. I don't know if they're full blown panic attacks but I've had symptoms that could lead to a full blown thing and I didn't know what it was for the longest time. I actually asked the

psychiatrist about it and he said, “Yeah those are panic attacks.” I said, “But I’ve seen people with full blown attacks. I’m not like that.” He said, “That’s because you’ve learned over the years to prevent yourself from getting worse. What do you do when that happens?” I said, “I just sit down. I stop what I’m doing, I make sure I’m breathing and I try and calm myself down.”

One of the reasons I moved to this community was because I received a death threat from my father. In my mind it’s like it just happened three months ago but it actually happened probably about a year and half ago or so. It took me a number of months to really get it. Even though I know how he treated me when I was a kid, hearing your own father threaten your life was shocking. I couldn’t pick up my bags and just go the next day. I needed time to process it. So that was partly why I was pretty stressed out. Plus just moving alone is stressful in normal times. My best friend was having her own issues and I was trying to help her as best as I could, but I got to a point where I had to put my foot down with her and say, “I’m so sorry, but you’re gonna have to ask other friends for help because right now I need to focus on getting ready to move. I need to look after myself. I’m too stressed out.” It was hard and I probably waited a bit too long, but I did it. So that’s when I went for medication because I needed to sleep to be able to function. To be able to pack and get organized and move; there was lots to do.

I reconnected with my old dreams that I’ve had for years and years, that I pushed aside while I was doing my therapy and trying to get through life as best as possible. I made a list of what I really wanted out of my life. I thought, I really feel I’ve done the bulk of my work. Maybe it is okay for me to move. I kind of turned it into a positive thing, “Okay, death threat, its horrible sure but I might as well turn this into a positive thing.” So that’s what my brain wants to do. That’s where I go. Thank you for seven years of great therapy.

The repressed memories have been a fascinating subject for me because in a way yes it was helpful because the brain does what it can to protect. It's a survival thing, yet at the same time the repressing has hurt me a lot, too. I have developed a lot of physical problems secondary to that. With time I've thought about the burden on the immune system because the body has to hold these negative memories and is trying to prevent your conscious from being aware of it. I've read a lot of spiritual books about illness and all the connections between the physical and the mind. Any type of stress is hard on the immune system, never mind being sexually abused by your own father.

I remember reading in one of those spiritual books, it's not just the brain that remembers but every cell in our body apparently has a memory. It's kind of a physical memory. It's everywhere and that makes sense to me. The muscles going, "We need to hold this." So the muscles are tense everywhere, all the time. I know that because I've been in therapy for years, and slowly I have noticed how my entire body has started to relax. It's a slow process. That's been absolutely mind blowing to notice these things and knowing you can't find that information anywhere. Not much, just little bits here and there. There should be more books written about this because the relationship between the mind and the body and stress and illness is so important.

Something that happened in the 90s for me that I'm just starting to understand now was that I developed severe food allergies. I was extremely ill for many years and I was diagnosed with so many things that how was that possible? I was an RN for six or seven years when I started developing all kinds of physical issues. I wonder if it was the beginning of my body trying to tell me something was wrong. I had weird symptoms that at first I didn't understand. I was married to an MD at the time and he thought I may have had allergies. I started looking at

what I was eating and I realized that every time I ate this or that, I better cut this food out of my diet and see what happens. I'd be okay for a little while and then I'd start reacting to another food. So long story short, I ended up losing 100 pounds in one year because I was down to five foods. The allergic reactions were not mild. I was getting symptoms that were like anaphylactic reactions. I was given an Epi Pen to carry with me at all times. I was sent to specialists and allergists and a lot of the tests did show positive results. They were not horrible but they were like you're allergic to all of this. I was also diagnosed with what they call chemical sensitivities. Again, I started reacting to all kinds of things so then you change your whole life. You buy everything organic, anything you can think of to help yourself. I ended up so ill I was in bed. I was skin and bones. I remember my then husband, said "I think you're dying. I think you have a cancer and nobody can figure out what's wrong with you." I was scared. I didn't want to die.

I had all kinds of weird symptoms and I was becoming semi-conscious on and off. My ex said, "You need to see a neurologist." They did all kinds of tests and I was actually diagnosed with a rare kidney illness at the time. Very rare, like 30 cases in the world and most people who come down with the disease don't make it. They found that my kidneys were not retaining magnesium which is super important for a lot of different systems in the body. It can cause arrhythmias and all kinds of horrible things with the heart. It can cause seizures and worst case scenario, if you get extremely low magnesium, you can go in a coma and die. That's what was happening for me. I was in a coma, sort of semi-conscious on and off. I had to be on IVs every day but unfortunately I was getting worse and worse.

That's when I came across a woman on the internet that had come down with chemical sensitivities herself. She had been an RN mixing chemo drugs. Ha, well I was an RN mixing chemo drugs too. Maybe I came down with chemical sensitivities because of that. I contacted her

and she told me to go to a clinic in Texas for people with chemical sensitivities. So I went there. It cost me an arm and a leg, but fortunately we had the money at the time to do that. It definitely helped a lot but it didn't cure me. I opened up to alternative medicine at the time because conventional medicine was not going to be any help to me. All they could do was replenish my magnesium through IVs every day and they basically said that my chances of recovery were not very good. Me and my ex both had a negative attitude about alternative medicine that it was hocus pocus. I decided that I had nothing to lose. I didn't want to die. I didn't want to live like this for the rest of my life. With time, I continued doing all kinds of alternative treatments and so it all helped. I did everything I could from Shamanic medicine to nutritionists, but it was all physical stuff. It was physical work that I was doing. I hadn't touched yet on the emotional.

In the midst of that, I left my ex because he was abusive and the abuse got worse over the years, especially when I was ill and the stress levels were high. My treatments were costing a lot of money. I woke up one day, I thought, "Oh my God, I'm dying physically. I died spiritually a long time ago. I've died mentally and I'm going to die physically if I don't leave him." Even though I was really ill, I left him and that's when I went to New Mexico. I packed my car and just drove as sick as I was. I went there because I had heard it was kind of a mecca for people with chemical sensitivities. I ended up being there three years, illegally mind you. It was a life or death situation. I came back to Canada in 2000, and that's when I started having the flashbacks. That's when I realized that the physical work was working, I had come a long ways but I was still ill. What else could I do to help myself?

So that's when the therapy started. I think by the second year of therapy, the kidney illness was completely gone. The other physical issues I was diagnosed with have all disappeared since. I had asthma that I was diagnosed with. Chronic fatigue that was popular in those days.

Fibromyalgia was another issue that I had. I had all the trigger points. It's like I had a wonderful list of seven or eight diseases. It wasn't logical that someone would have all these illnesses. First of all, who would believe me that I had all these physical issues? Something was off. It would have been really nice if some doctor asked the question about sexual abuse. Maybe I still wouldn't have done anything until much later or completely denied it because everything was repressed, but it might have triggered something. Yeah, like, "Sexual abuse, what's he talking about," and then your brain starts to work on it a little bit. It might have done nothing, but it might have helped. When I think about stuff like that I think, "No, things happen for a reason the way they do." To say the least, it was hell.

I've come a long way. When it comes to dissociating, I think I am somewhere in the middle. I suspect that with time, I still have some work to do. I'm not completely integrated. It would probably be okay for me to continue my life not being completely integrated. I don't know if it is possible to integrate 100%. I want to believe that it is possible. Every day the integration happens more and more. Any kind of grounding technique is helpful for that. It's interesting though because you have to recognize it first, that you are dissociating, you are not grounded, you are not fully here. That alone is kind of half the battle. When you recognize and are aware of it, then applying the tools that you learn is very helpful.

As you learn how to ground, you are more in your body so you feel it more. One of the things I hate now is that you feel your body more when you are tense. It's work to stay in my body, but I keep doing it because I know that eventually I won't need to anymore or way less. My body is gonna learn. I'm working on those new pathways with the hypnosis, meditation, writing, calling the crisis line, and talking to someone. Meeting with the therapist once a week to talk. Playing my violin is helpful. Not always, it can be triggering too, depending where I'm at,

what the trigger is, or what I'm remembering. Studying is very grounding for me. Anything that you can focus on to bring your mind off of whatever is triggering you or making you dissociated in the moment, but at the same time not ignoring it.

I've learned with time, that there is a time to do this work and in between that to be able to focus on other things in life that you have put on the back burner. It's pretty tricky at first to be able to separate the two and say, "Okay, there's a time to do your therapy work." It happens here and it happens there. Tell yourself, "Okay, here are our time frames and this is when we are going to do this work."

I had violin in my life. I started when I was four years old. Those are important things and the fact that I had a nanny from the age of two until the age of nine. My parents were both working full-time and I had this nanny who came in during the week days and she would cook and clean and take care of me. My therapist told me many times that if I didn't have violin and my nanny in my life, she's not sure I would have survived what I've been through.

I am at a point in my life where I feel like I'm starting a new book, not a chapter. I really feel like I've done enough work. Not that I won't do more therapy because I still might decide to continue, but enough that I can put my past behind me to be able to move forward and do things I've been dreaming about for many years. For years I was too busy trying to recover physically and emotionally from my past. That was my priority for all those years. Now it's not so much a priority anymore. Well the physical, it's just maintenance. The emotional, maybe it's just going to be maintenance now too.

I've been dreaming about going back to school for a long time so I am going back to school. I just registered at university and I've been told that my chances of being accepted are quite high. It should not be problem. So, yay! My other dream is to play with the symphony and

give the occasional concert. I've played violin since I was four and that's my other passion, music. I think it is such part of who I am, that I don't see myself not playing music ever again. Even though it's so mixed with my past and my father, I think I've managed to separate it enough and make it my own. I am hoping to play with the symphony, just an occasional concert to keep me happy. I love teaching so I actually have this vision. Years from now, I might be 80 by the time I graduate but I have this vision – I see myself working as a therapist part-time and teaching violin part-time and giving the occasional concert.

Awakened Spirit

My healing journey has been a lifelong journey. I did have a really good life growing up until my grandmother passed away. She was my primary caregiver. It was a really rough ten years of my life prior to her taking care of me and it was a very brief time too because in my early teens, I became a continuing care order. She had taught me a lot of the basics about spirituality, how to harvest and hunt, and live a really good, hard working life. When she passed away I kind of just threw it all away. I didn't live how she taught me. I was very lazy and malaise. There were just a lot of things that went wrong until I was 19.

I coped with that by smoking marijuana when I was 11, but I refrained from drinking until I was 16. I never really touched any drugs other than marijuana until I started abusing cocaine. It took a long time for me to understand that I had a problem. I just saw it as a release. It was my coping mechanism with some deep routed trauma and experiences with MCFD and also with being separated from my mother. I never really knew my dad until I was 10 but I couldn't live with him because I had a little brother and I didn't want to split us up.

When I turned 19, I just turned my back on my whole community and my family. I tried to do it on my own and I couldn't. My addictions became more and more extreme. I felt lost and

hopeless. The further I got into my addictions, the further I lost my connection with who I am and even my own sense of right and wrong. Although I did experience some good times, those good times were always afflicted with alcoholism and it took me until I was in my late twenties to understand that was my hindering factor. That was the driving force for not only failure but also my understanding and my accountability. What I understood about accountability was that the choices I had in life led to the consequences, whether it was good or bad. It was only my own choices that I had control over.

I tried to lead my siblings in the right way. With being an alcoholic, I tried to protect them from that by distancing myself with my family and it kind of backfired because my siblings did exactly what I was doing; drinking and smoking marijuana, doing cocaine and hanging out with the bad crowd. For me, I went from being a productive member in society to having no drive for life at all. I moved down south for work. I lived very poor, even though I made an abundance of money. It went to drinking. I didn't seek out help until a few years ago and that was the cornerstone of all my healing. Every problem I had was due to my trauma, due to separation, due to addictions and it took for me to lose everything. It had been that one moment where I hit rock bottom. I lost my job with the government and my addiction was at my highest. It was true alcoholism and it was also like an out lash of anger because I was upset at myself for losing all those years with my mother and distancing myself with my siblings. It hurt me. Not just physically, emotionally or financially, but every piece of me was hurt.

I accessed counselling services with the union I was in and I was pretty upfront with my employers, minus the fact that I was asked to help my mother out. I was asked to be an executer and she had called me when I was blacked out drunk. I didn't really fully remember the conversation but as my sobriety carried forward, that conversation came back to me slowly. I

was really upset at the moment and I took it the wrong way. I used anger and I kind of went with my old habits to deal with that stress. The following day I was at work, she called me again in the afternoon and she told me the full scoop of what was going on and what was required. I kind of lost my cool at work and I didn't mean to. I was crying and yelling and I kicked the totem pole when I left the building. I regret those decisions I made but I accepted the consequences of that day and that was the first step of my real healing.

When I made the choice to quit drinking, it was one of those choices that I didn't expect to lead into sobriety. The further I walked away from alcoholism; I started to realize that I had a problem. I was really hard headed about life, that I was always right. A week prior to when I quit, there was an incident. The weekend that I quit there was an incident and those incidents reflected every piece of damage and harm that I had to heal from. I totally seen myself through someone else's actions and I was appalled with myself. I didn't want to be in abusive relationships anymore and it made me understand that even though a person isn't physically abusive, emotional abuse was really huge with me. The coercion with finances, who you can hang out with; I hate to say it with shoving and twisting. I was really disgusted with myself when I saw that. My mother would've kicked my butt if she had seen that. The weekend I quit, I was hanging out with my so-called friend and my relative. I was flat broke by then because of all my drinking. My cousin lost his vehicle. It was joy rided that night by one of my friends, and his rent money was stolen. His watch was stolen. I had no way to pay him back for that. I realized I had a problem. That's when I initially started to take all the tools that I learned along the way about healing, and put it into practice and I believed in it.

It allowed me to understand accountability. With my alcoholism I did not realize that it had taken twelve years out of my life. Somehow I had succeeded in a few years of my life but

that was the main cause of my downfall every time. I realized that I didn't want to be doing that anymore with drinking and with doing cocaine. Those came hand in hand. They are very codependent and it was a journey that I had to do alone. A lot of times I'd accept or even expect help, not just from my professional peers but also with my cohort at school. During that time I realized who my real friends were. It made me understand even though I had good intentions throughout my life, I had no due process so I accepted help with AA and a Christian-based group. At my first session, I uncovered a repressed memory with MCFD and it traumatized me again. I realized I had trauma that I had no clue about. It was with MCFD and it was abuse. It was really rough because I had no clue how to deal with that. It awoke my spirit and I realized I had to heal from those traumas with MCFD.

I continued with resources in the lower mainland – AA, counselling, and grief counselling services. I kind of stuck with myself. I smoked a lot of marijuana because I felt like that was my median from doing alcohol. I went back home at the end of summer and my mother was in the hospital. I was pretty upset with myself because I felt like I had lost years in time. In the fall, my mom told me, "Go back to work. Do what you have to do. I'll be okay." When I went back home, I did all the steps with AA. I made amends to those that I could and it opened me up to a new chapter of my healing with my spirituality. Although it was with a Christian-based group, I still took the principles that they shared and used it with my own faith. As I went further along in my journey, I started to open up to help where in the past, I was very reluctant with my mistrust in people.

I found a new relationship, which I should not have done. My counsellors, AA and my supports all advised me to stay single and I didn't listen. I thought I found a good relationship. My partner was supportive during the first month and the distance was really chaotic. I started to

see some of the same patterns that I did not like. I explained to her that I didn't want a relationship of abuse of control or any of those negative red flags. I started to talk with my sponsor with AA about that, and he told me not to beat myself up, that I can change. It hurt me because my mom always said, "Treat a woman how you treat me." I forgot about that. The relationship started to be very negative and I have no evidence but I had a suspicion that she had cheated on me. That was the final straw for me. I was kind of angry with how things were going with my mom's medical condition. I couldn't be in a relationship, so she decided to break up with me.

It was difficult because I had a good start to the year and then I got the call from the hospital to come back to take care of my mother. She was in a coma. I was sitting there with her for five days in a coma, praying. During those days, it made me very appreciative for life. I was grateful for once with the gift I was provided with life through my mother. All the siblings were together for once. Even though it was only for moments, it was a very good feeling. My sister was singing to my mother and it was a cool story because when I was sitting with her in the Hospice House a month later, she was telling us how all she heard was static. When my sister started singing, it kind of snapped her out of that static sound. She could just hear her voice and she followed it and she woke up.

From that moment forward I realized that I had to be a good big brother and lead by example, and by doing so, I had to do more healing. I had to address more addictions and the marijuana aspect was one of them. Also codependency, not just with alcohol and drugs but codependency with women. I started to understand what my friend was talking about with believing in the journey of healing and believing in what I was speaking about by living the principles of respect. So I made further amends with whoever I used to date. Even if it was brief,

I would try my best to make those amends. It was very stressful because I didn't know how to say sorry. I didn't know how to look at myself and realize I was wrong. I was exhibiting a lot narcissistic kind of attributes. I was narcissistic about my problems and how I treated women and how I treated myself. The underline of it was that I was hurt, traumatized and I had no way of coping with that. I spent six weeks with my mother at the Hospice House and I didn't leave. When she passed away, I was sort of lost.

I was trying to explain to my family and my closest friends, I was lost. There was no me. I was a different person and I couldn't see the old me come back. It took about a week for me to shake that feeling off. I realized I had to do something about it so I immediately got a job. I was working with my Nation and I accepted a role as a youth care worker and a sports coach for fast pitch. I had taken a long break from that because of alcoholism. I walked away from my last posting with youth after my contract ended because I realized that I felt like I was a fraud. I was telling the youth to be cultural, to sing their songs, to be sober, to stay away from bad relationships and alcoholism. I was giving them life experience advice but on the other side of that coin I was out drinking. I was out disrespecting women and myself. I had taken a step back from that, but I went back into that role knowing I was sober. I was clean from cocaine, but I was still smoking marijuana and that was one of the leading causes to my dismissal. I walked away without an issue and I accepted what I did was wrong. I felt like I was lost again. I just collected social assistance for the first time in my life and I was happy with that. I was like, "This is my time to heal." I was living on the reserve and it made me humble because not only did I just fail again, but I understood what I had to change.

Around that time my ex contacted me and she said, "Sorry about how I treated you." We both had problems that we couldn't help each other out with. From that point forward, I was like,

“I’m gonna stay single. I’m gonna do this to heal.” I wanted to find what triggers me and what bothers me with relationships. Why I can’t trust women, why I can’t trust men, and why I push everyone away. I did really well and the second portion to my healing was relationships with myself, and with my addictions to alcohol and cocaine. That was like the driving force to allow me to go through the summer and not drink or do drugs.

At the end of the summer, I was using the excuse that I needed to pass the drug test for work. I finally stopped lying to people. My late cousin offered me a line one last time and I was just straight up, “No. I’m going to quit doing alcohol and drugs. I don’t feel that it is necessary for me to express my healing with that and there is a different way for me.” He was like, “I understand.” He was a part of my healing because I had no clue he was hurting too. He put up a really good front and we had a good summer. My cousin decided to play fast pitch for the first time ever. That’s what kept me there. I was the coach for the team. That was during the time where I had no job, no interest in working actually. I just wanted to play baseball.

We had really good summer and the start of the fall was quiet. That was around the time I applied for university. This was my next step because I was required to withdraw from school due to alcoholism. During my first experience at school, I didn’t want to go because I experienced something that I will always experience through a community – discrimination and misunderstanding of my history. I dealt with it the wrong way, with my anger. I shut people out that wanted to help. The second time I was accepted, I was several months sober when I fell off the wagon. It was due to codependency with a woman. I was trying to help her because I was sober. That was my first experience in life that I realized I can’t expect others to do what I want. I can’t control them. The only person I have control over is myself and that was the lesson that

kept occurring until I finally understood it fully. At that point, I accepted my dismissal from university as my final goodbye.

It was in the fall when I was doing dishes on the reserve and I was looking at the trail that I usually walked to go to my cousin's house. I had this feeling to go see him. I was smoking marijuana and I didn't go that day. I woke up the next morning and there were a slew of pictures on Facebook and in my heart I knew he was gone. It hurt me because that was the second person that I coached, to commit suicide. It just threw me off because it was one of those moments in my life where I was like, I'm definitely not going to do drugs or drink again. I need to do healing with my codependency with women so I don't experience those same traumatic experiences.

That was a really tough month. I took that burden. I had a real grandiose idea that I could have saved him. I could've been there for him more. My aunty was like, "Enough is enough. You can't take this burden anymore. You have to let it go. He chose to do that and you couldn't have done nothing." I took that and I contacted MCFD to advocate for me to access former youth in care tuition waiver funds to attend school. At the end of that month I received an acceptance letter from university, stating that I can come back, of course a few rules, and this is your last chance. I used up all my funds through the band so I went to MCFD and I got the funding.

The counsellor who oversaw the education department advocated that my fees be paid for my books and my living allowance. I looked at that as like a second chance at life. This was my chance to truly show people how to lead by example; how to walk away from trauma and be able to heal in your own path and also with my codependency with women. It was just an amazing experience to heal because it came at a breakneck speed and I just rolled with it. I saw the potential that I could do with my new given time and every day since my mom passed away, I was always praying, saying how grateful I was to be alive. I still do this every day. Give my

gratitude for being here. I am humble for my education and life experience. I have humility for everyone. I don't judge anybody and I'm very open to try to walk in someone else's shoes.

I went to university and I passed. It was the highest GPA that I have accumulated at the university. I also entered a relationship. It caught me off guard because I was doing the year solo thing. I fell in love with my best friend and it was just one of those moments where we both found each other at the right time. We were experiencing our own issues. In my heart, I was just trying to be a friend because I know how it feels to be alone. I was upfront with her, "you know I don't have a really good track history with relationships. I'm trying to be single for a year to heal, and I suggest that you do the same for one month for every year you've been with your partner."

We started off slow. It was pretty chaotic on her end because she just exited a relationship and she was afraid to get hurt. For the first time in my life I looked past my shoes and put myself into her shoes. We worked really hard through that and it just started to click. She let go of her ex and started to really open up to me. I respect her for what she has done with herself. She is persevering and I'm respecting her family life. She told me that you're either going to be with me or you're not. It's not just me anymore, I have children too. She wanted exactly everything that I wanted with a healthy relationship, with complete trust, no games, and no revenge. The more that we got to understand and know each other it just went from dating to being very serious. Although it was very risky at the beginning because I knew that she was still hurt. I was still a little hurt but I was dealing with everything because I knew what I had to do. I was already on that journey, but this was the first time in my life where I finally had a chance to be honest. I was honest with how I felt about her. What she said to me back, it just grasped me and took a hold. That was probably the third part that really pushed my healing even further with

my trust with women and my trust in men. Dealing with that trauma, it took a whole lifetime of trial and error. I realized that I was only womanizing because I was hurt. I was trying to find a connection with my mom or trying to find a connection with a woman.

I finally went in all the way. I was honest and open-minded. I never hid anything from her, especially about my past. I got a complete STI checkup and for me that was really stressful because I didn't know if I was HIV positive or not. I got tested and it came back negative. The last time I came back negative I reacted like I was invincible. I was happy and I celebrated. This time I looked at it as a true new beginning. It kind of reawakened my spirit and it brought back the gentleman that my mom and grandmother raised me to be. My partner was the life force behind why I wanted to succeed in university. I didn't have a phone so my only way of communication was through Wi-Fi. I spent 7:30 in the morning until 9:30 at night at the university just to talk to her. Just to have that piece of mind that we could communicate and during the times that we didn't have communications, I did my work. I owe a little honour to my partner, just having her not physically there, but emotionally and spiritually. Even if it was only communication through the phone, it was enough for me to keep my head on straight, to keep my drive in the right direction, and she opened my eyes up to what I want in life.

I realized that I had to quit marijuana if I wanted a real shot at dealing with my addictions, my hurts, my hang-ups, and my habits. I quit cold turkey. It took a really bad experience; I had an anxiety attack on it. My partner calmed me down and she said, "You have to stop putting yourself in stupid situations or you'll continue this throughout the rest of your life." I took that to heart because then I realized that I can't put myself into stupid situations with my relationship, with my addictions, my living, my food or whatever it is. That was when I really started to heal. We started healing together. We were like our own counsellors. Our relationship

has been growing and it's been going past the point that I can't explain. I'm fully committed to the point where I know that I don't want anyone else in my life. I'm happy with who I'm with. We started it off healthy. It's been a journey that I've always wanted and I just couldn't quite obtain it because of little things with alcohol or marijuana.

During this relationship, I have seen a lot of changes within myself. I no longer experience codependency issues. I no longer have a doubt in my mind about my relationship status, my addictions with alcohol, cocaine and marijuana which I am sober from now. The other thing that really helped me out during this journey was I quit watching pornography and it opened my eyes up to how that fuels human trafficking and marginalizes women. I also learned about healthy relationships and what is healthy. I did all that, due to a lot of trauma-informed counselling. I accessed the help lines. I haven't done AA since I left because I just don't trust anybody in this community. I took that healing piece within myself and I surround myself with people who like the same kind of lifestyle. I don't judge people that drink or smoke or do drugs. I just distance myself, especially when they are using. I also accessed peer support and counselling services. I had this self-care plan together with healthy eating, drinking water, and sleeping.

Passing my courses this semester was one of those moments where I was really happy with my work, but I was also proud about my work ethic. Even though I did decent, I identified areas where I could work on myself with school. During my time with my partner, I identified areas that I can work on with my relationship. Also with my drinking and how it used to trigger me to preach to people. I realized that I can't push people or I can't coddle them through life. I can't expect them to follow me and that's when I truly understood that the accountability was the only thing I had control over, of myself. I have no control over other people. That helped me

with my relationship, my addictions, and my own work ethic and my due diligence. It was really eye opening when I quit marijuana. My thoughts became clear and I did experience withdrawals with marijuana. That was my affirmation that I needed to quit and I had a serious addiction. I didn't beat myself up. I just accepted that I had to change this. My drive in life changed when I put that down and I went through university. I proved to myself that I could pass. I want to fulfill my degree and get a PhD. I want to be able to create a real difference.

I'm really putting the right foot forward in life because it's not just me. It is also my partner and her children. My siblings are looking up to me. My family and a lot of people were expecting me to fail and I kind of just lead with example. You can be in the deepest hole and you can dig yourself out with due diligence and having the strength to see what needs to be changed. That was the one thing with my trauma; I just couldn't accept the things that I needed to change. For me it wasn't a problem or I would create excuses for my traumatic experiences, that's where a lot of the narcissistic behaviour came from was me fighting that healing journey.

Culturally-specific counselling could have helped a bit more. But what came into question for me, was what constitutes a professional. I was really reluctant to do culturally-specific counselling because anybody can be a healer or it seems anybody can run a sweat. What were the credentials behind the person? Do they live a red road of sobriety? Do they believe in their principles? For me, I did that on my own because I knew my culture. I knew my language. I knew my governance and histories. I became my own counsellor with that cultural aspect.

I have taken assistance with clinical counselling for trauma and also with peer counselling. It was kind of funny because with my sobriety I drew to people with similar stories of addiction. With sobriety, I came to a whole new respect for people because I started to respect myself. Without that help I would not have been able to do that. And being able to look at my

past and understand what triggers me. Understand what was missing out of me, out of my heritage, and to change how I react when I'm triggered. Before it was the really big reactions and depressions, I worked it to a point where I identified the triggers. I identified what puts me over the edge and I worked on it so I could bring it to a base and keep it at a base. That baseline really helped me because when I identify a trigger, I deal with it and if I can't do it by myself, I find the appropriate help.

I started to heal when I began to understand that my addictions were an illness. I totally see the difference in my life in how I changed. Now I just want to give back and share my story because I know that there are youth and even adults out there who probably need a peer mentor; someone to help them and give them uplifting words, even referrals to services. That's why I'm really open to my story because I understand my triggers. It doesn't bother me anymore, even my ideations for suicide - gone. My ideations for drinking and all drugs are gone. I'm even reluctant to take Tylenol. My liver was at probably 30%. Now it is regenerating. I feel it. I feel my drive in life is strong because I'm not taking today for granted. I'm not taking my relationship or my friends and family for granted. Even people who don't like me, I have prayers for them, hoping that they heal and that they can accept my apology if I hurt them. I do believe in karma and everything I've done I've experienced back tenfold and that's why I live a very simple, very basic life. I'm grateful. I'm humble but I'm also very honoured to be on this earth. I'm very honoured with my partner and the gifts that she shared with me.

It is a gift to be able to be in the corridors of the university and to be able to connect with my peers and my professors. With that respect in life, it has helped me succeed and helped me heal. I do feel my healing is continuous on a day-to-day basis where there is still room for improvement. Just having that at the back of my mind helps me become a better person every

day. Now I'm working with my community again completely clean and sober. My well-being feels really healthy and I feel like I'm ready to take the next steps in life. I have connected to my ancestors through songs. I'm taking the time to learn the words and what they mean. They were my go-to activity when triggered, to bring me back and make me humble. I still practice smudging because I find it is a form of therapeutic intervention. Singing my songs has been very therapeutic for me. Having someone believe in me, like my partner, my professors, and that one band worker from my nation. The many other success stories of my friends that went through addictions, to tell me that I can do it. That really put me over the curve. Since 2014, I've put everything together that was working for me and I changed the things that weren't working for me and that has been a recipe for success.

My Inner Warrior

I feel really lucky. I don't know why or what it is about me, but from a very young age I had a strong sense of social justice. I think that was the beginning of my healing that I carried within myself. I grew up in a really kind of schizophrenic childhood where I had parents who were very loving, connected and involved, but then a mom with an undiagnosed, severe mental health issue. The other side of it was really extreme violence and generational sexual abuse. The adults were so paralyzed by their own trauma. They say they didn't know but we told them. They just couldn't respond in an effective way. It was just a really chaotic, crazy experience so you grow up doubting your reality because there is nobody to reflect back to you that what you were going through was wrong.

I put myself in harm's way often because I would fight and stand up for things that were wrong, for myself and particularly for my siblings and my cousins. I stood up all the time and would be beaten for it, but it didn't seem to deter me which was interesting to me. Of course the

family tried to crush me. To be that kid who was always questioning and saying, “This is wrong.” But, I just kept going. I was brought up in this Eastern European bullshit, along with this crazy abuse that was going on. I just made sense of it by going, “That’s a mess and I don’t want to be part of that.” So I started speaking out fairly young that I was being abused. As a female child to bring your family shame was big. I was told my entire life you don’t talk about, “What goes on in this family, stays in this family.”

I had a traumatic early teenage life because I was a really wild out of control kid, so I was always in these really high risk situations. As traumatic and terrible as all of that was, I just always fought authority and that was what always helped me survive. I questioned and pushed, not in healthy ways initially as a teenager, but as I got older I started to question and push in more positive ways.

I was quite close to my grandmother who was born in 1900 and so she was an older grandmother. She was forced into an arranged marriage with my grandfather, who wasn’t a bad man, but my grandmother aspired to an education. She was sent off to work at a young age and was devastated because she only got about six months’ of school in her life. When she was about 13 or 14, they told her she had to marry this man and she didn’t like him. She begged the family, “Let me find my own husband.” I remember saying to her when I was a kid, “Why didn’t you run away?” Not understanding the complexities of there was nowhere to go as a woman in 1913 or whenever that would have been. When I got a bit older, I really saw that as a girl to say, “No I don’t want to marry him,” like how outrageous that is. Instead of seeing her as a victim, which she certainly was, I saw her as this warrior who had these amazing acts of resistance. She had a very hard life and always just kept standing up and fighting the system in many ways. She broke away from our traditional religion and her and my grandfather formed a church with other

people. That act of resistance to be an immigrant woman who doesn't speak English, married, has no rights to her own body or birth control, living in poverty, living off the land and then to break away from the church could be kind of rocky for a little 4 ft. woman.

So just lots of stories like that. She was quite this little force to be reckoned with. Many, many obstacles but she just kept rising up and fighting the system. My dad was a huge union activist so I think there were some messages in there certainly about oppression and poverty. For whatever reason, I translated all of that information from those family legends into my little being and fought the family dysfunction. They kind of created a monster because from a very young age, I can remember those feelings of the injustice of things. I saw it and I would fight it. I was pretty spunky and my siblings would just cave to it. My mom was mentally unstable at the time. The beatings were pretty severe but it didn't matter. I'd stand up and challenge her.

Reaching out in my later teen years in the late 70s and early 80s, sexual abuse was being recognized but really 'pathologized' so woman would see psychiatrists and end up with these diagnoses and medications to match. I just went a different way. My radical, political personality allowed me to access alternative healing practices, which at that point in time were really frowned upon. I just had a life of always seeking that out. I formally started accessing support services. It was through other survivors who had life experiences. That just made the most sense to me because all of the intervention that had been attempted by school counsellors or teachers up to that point was not very effective. I had a pretty tough life, so that just didn't speak to me because it was like, "What do you know about my life?" Coming from that place of all the theoretical knowledge and not a lot of life experience or they were certainly not willing to share some of their life experiences to make a connection. That didn't work for me.

I made lots of life choices that reflected my childhood trauma, like abusive husbands and sort of had more trauma. I just really always sought out nontraditional kinds of healing. Women centered spaces that was really and still is really important to me. I often sought out that peer support model formally and informally. I was the teenager that other kids would gather around and they'd come to me for help. I think it's because I would talk about my own experiences and was able to listen to theirs. I believed in that model of sharing and connecting. So that was informal but then formally sought out support groups and woman only spaces and I always kind of went back to that. I've seen traditional therapists over the years too and there was some benefit to some of that, but that peer support model has always been the most effective for me. It's what I believe in, in terms of doing my work as well.

I think it is from sharing lived experiences with people who can relate and who may be at a different place in their journey because if you're all at the same place, that's not very helpful. You could get really stuck there, so it has to be that multi-generational or multi-level model where people are in a different place. I think that is always helpful. I know with sexual abuse in particular and growing up the child of an undiagnosed mentally ill parent, you think you're crazy. You doubt your own experiences. So for me, the value in peer support was having people who had similar experiences go, "Yeah, me too. It's gonna be okay. Look where I'm at in my life. It's okay." You can read it in a book but it doesn't shift anything. It didn't for me and it doesn't for me.

I look at models of healing and counselling support; they are always really based on people's life experiences and I think there is never credit given to that. That's on the backs of people who suffered and it is never acknowledged. We develop these models and counselling techniques that were started from either some peer support model or therapeutic model based on

their research from someone's trauma. A feminist counselling model is absolutely what worked and has made the difference for me. That intervention and trauma-informed practice, before it had that language attached to it or that I was aware of it. I really was always seeking out feminist trauma-informed practice.

My best friend is First Nations so I certainly gravitated to more of those healing practices. She is Cherokee and her partner is Okanagan, so it was kind of a blend of some of those cultural practices. When my partner killed himself, they came up and put in place all of the Okanagan traditional practices around not only death and grief and funerals, but also around suicide and some of that spiritual belief around those spirits lingering. Mirrors are covered and you can't do any hunting or gathering for a year. There were pieces of leather tied around my wrists and ankles and the children's. There were a lot of things you were not allowed to do in that time of mourning. But because it was a suicide and the belief about the spirit still lingering, there was some concern in the community that they were trying to drag me with them. There was a bunch of cultural things, like there was some smudging and cleansing but also this traditional fire building. You had to burn the clothing and some of the articles of clothing that were in the house had to be processed in a particular way by a particular person. It couldn't just be anyone. The children weren't allowed in the circle. They were present for some of the smudging and the fire stuff, but they couldn't be part of all of it because of their vulnerability in the spirit world. It was kind of what I hung onto that year because I was a wreck. There was some really rigid First Nations traditional practices that helped me get through. It's funny because the theory behind the leather bands around your arms and legs is when your grieving is complete, they fall off and they fell off at about a year mark.

The root really was this Okanagan band traditional practice and that piece is what has gotten me through like on a spiritual plane. It's some really concrete, age old, traditional practices that are ritualistic and I think rituals help move people's spirit through difficult processes. For me, the First Nations way is different because I know traditional Christian practices have some of those same rituals, but for me there was just so much hypocrisy attached to those religious practices. The rituals are still meaningful and lovely if I went to church. I like those rituals, but the hypocrisy it just loses the meaning for me. The First Nations traditional practices have helped move me in my healing journey. I have a counsellor and coworkers and friends I'll talk to, but when times are tough the one person I'll go back to for that First Nations traditional healing is my same best friend. She will come over and smudge the house or smudge the kids and so I still practice.

Part of my background is Roma and I was introduced at a young age to some of the spiritual components of that culture from my grandmother and my aunt. I've always done cards, but I don't leave a whole bunch up to chance. They're not my guiding principle in life. They are interesting. They seem to be accurate when I've done them and I take it quite seriously. I give thanks to the Creator when I do them. I don't drink or use drugs and I would never do somebody's cards who is under the influence. I will not take money for it. People tried to get me to, I won't. I find it kind of emotionally exhausting to do and so I do them very sparingly.

Interesting, I saw a medium after my sibling was killed. A friend took me and gave her name so that this person wouldn't know anything about who she was dealing with. The medium saw this Gypsy person standing behind me and described her. This long black skirt and big earrings; it was my great grandmother. She had her own caravan which is not usual but she earned her living in Europe dancing and singing, dirty songs I might add. Nonetheless, another

kind of rebel. The women certainly have this genetic predisposition to being political activists, but so the medium described this traditional Hollywood idea of a Gypsy. She had no idea that part of my heritage is Roma. I knew who it was the minute she described her. I had never met her in my life but my grandmother and aunties had described her to me. I furiously researched symbols on caravans, but they burn them when they die and it's quite guarded. I would have loved to find out some of the symbols on my grandmother's caravan or other people in that family grouping. According to the medium, she has reached out to me in times of stress in my life. I feel really closely connected to her and that part of my culture, which is funny because I've never met her. But my grandmother passed on these traditions and talked about her and I passed it on to my kids. They are always big into doing cards. I don't believe in doing cards for kids, but they are really quite fascinated.

I am fortunate. I have a GP who is lovely. She's wonderful and very supportive. I don't know how she would define herself, but she's certainly is a feminist trauma-informed practitioner in my mind, just by the way she does the job she does. I certainly sought out psychiatry after my brother died. My psychiatrist was lovely. She's not particularly helpful. I mean she prescribed some medication when I needed some antidepressants because the anxiety and depression was really bad. Information on that brain science piece about the chemicals and how they fire and where they fire was helpful. I could've read it in a book if someone had told me where to find what I was looking for. I think the medical stuff for whatever issue in life, it can be a support pillar, but it's not really part of healing. I'm trying to think of examples in my life or even my kids' lives where it's been part of the healing journey and it's not really. I've learned to navigate the medical system. I have a kid with a psychiatric diagnosis and you have to use that system to get services and medication. There are individual doctors who sort of work

outside that box, who have been great and helpful but the model itself is not helpful. Lots of flaws.

I've been a helper for 30 years and I've really seen a shift in practice. It was a medical model initially, around psychiatry and diagnosing women who were victims of abuse, whether it was domestic violence or child sexual abuse. I've seen a backlash to feminism, self-help and that grass roots model, probably in the last 10 years with the medical model and professional qualifications taking over. I'm not disputing the need for theoretical knowledge and professional qualifications, but there is a lot of discredit right now to traditional cultural practices and women's groups and that's just not valued in any way. You have to have your PhD or your Masters and it doesn't matter what your practice is in real life. It's whether you have some letters behind your name.

So that has gotten in the way. I mean consistently throughout my life's healing journey, experts thinking they're experts on my experience and that's been done in really harmful ways to me not only by professionals. I'm really fortunate now because I have a lovely balance of professionals in my life who honour my personal experiences and really work well with honouring all of the ways that I have healing in my life, and not thinking they are the expert on anything. I think back to woman in the field who were friends of mine through different journeys in my life, who stepped in with their expert hats on and told me what I should be doing. That actually really just discounted the traditional practices I was using that were effective. I think it's because we can really easily hide behind our professionalism. If I have my degree or this certification that says I can do this, I don't really have to connect with you as a human being. I can sit there detached and help you. I didn't play that game very well because I'm like, "That's great you have some theory, but here's my story. Here's the reality."

Going back to that professional support, I disappointed them because I wasn't doing what they deemed as supportive and safe. I think that for me just really illustrates the harm that helpers can do. I have many experiences like that where helpers think they know what they are doing and they aren't humble enough to build the relationship and find out your experiences. I have many experiences where folks have done that really well and unfortunately experiences where folks haven't. In supporting my kids in their healing journey, I'm really able to stand up and advocate when I see that not happening because it continues.

In a perfect world for me, professionals would be constantly engaged with the folks they are offering service to. Models of practice would be built together, not I'll ask you questions and you tell me the answers. Then I'll go build this model and deliver support services based on what you've told me, but I'll fuck that up because I'm using my academic brain. It might start off okay but at some part it will not be good. I think if there was open, transparent, honest engagement throughout that would be beautiful. When you look at even just building a model of support in a community, there is no way on this earth a nonacademic practitioner or nonacademic group would get funding and support in the community to do whatever. You need something.

I think that people are really shamed in this field about self-disclosure and talking about their own experiences. I do know and recognize that you have to be very careful. A person certainly has to have done their own work to do that in a therapeutic safe way for their client or the person they're helping. It could be potentially dangerous but it is no more dangerous than some asshole detached therapist who's throwing theory at you. It's like this big evil, 'humbo-jumbo' jinx. There's just so much power given if a therapist, or counsellor, or social worker shares something of themselves. It is really frowned upon and discouraged, except in feminist practice. All the other theories and practices really shame that, which keeps victims and divides,

we're the helpers and you're the 'helpees' and you need to be grateful. I think I have an appropriate amount of self-disclosure, which you certainly don't always self-disclose. It's not always appropriate and it needs to be for the benefit of that person. You have to have some rationale to back why you're doing that. I approach every single human being in my life, whether it's professionally or personally, from that lens. I am who I am. I have me to offer and me is all of my experiences.

I think that this healing thing is big business, but there is not really honest space given to acknowledging what is healing for you. It's all, "We have the answer for you," instead of really offering it as choices. Like, "Here are some choices. What fits for you?" It's individual and it shifts. That really stands out for me. I've been around long enough to see that we do a better job at honouring that than at other times. The academic and medical models really support their own agendas and I think the system feeds itself and lines its own pockets. That is what I tell every person I meet, "I may not work for you. Give me four or five times. I will help you find somebody else. I don't fit for everybody." Again, in this field that's a shameful thing if somebody doesn't want to come see you. It's like, "What did you do wrong?" Rather than acknowledging we're all different and celebrating those differences and it allows people choice on their healing journey.

The governments that fund us don't support alternative healing practices. I would probably be fired if I started practicing First Nations traditional healing or I was practicing what I believe from my own birth culture. There isn't choices. Agencies will advertise that but it's usually bullshit. There is some model they're following and if you don't fit into that. I think we could really shift this for kids with yoga, and art, and dance. We really have an opportunity to shift the future for children. I don't think they have to go through the same journey as us adults

that had to carve out healing practices. I think we have an opportunity to offer that and kind of normalize it.

Suffering into Art

Over time I've concluded that my healing will continue until I die because healing doesn't stop and learning doesn't stop. In my spiritual world I feel that I was this little girl who somebody needed to use me, to fondle, to find out what the feminine private parts were and I was in service. I've always had a sense of longing and belonging, where my parents missed out and it was their job to protect me. It continued that way not having the love and support from my parents, so I was my mother. I was my father. I was my friend. I was my counsellor.

There are patterns that I've faced over and over that troubled me and make me question the repetitive sexual abuse and the repetitive feeling abandoned. From being played with way back, I am thinking, "Why me?" as I'm sure all survivors feel, "Why me?" You start to feel it. I think I even played the part of 'bad girl' or 'dirty girl' because my father abused me, beat me up, because he didn't know what to do with my uncle. My mother didn't want me to report it because if I was a 'bad, dirty girl' nobody would marry me and arranged marriages were then my cultural background. My parents didn't know how to handle things. I'm sure it was their own guilt and I understand it now. Sounds crazy, but I'm glad those challenges happened because I'm a better mother. I'm a better person. I'm a better healer. I'm a better being and my daughter is going to do 10 times better than what I've done.

I was this vibrant person who wanted to find who I was and explore. I was offered a job by this dentist who was going to pay for my education. He saw potential in me but it was always repressed and shut down. When I wanted to go, my father literally called the specialist and said she won't be coming. That job opportunity was something I totally wanted. It would have been

beautiful. The dentist saw worth and potential in me. It was little things like that kept the flame going, “You are worth it.”

The next event was an arranged marriage with a guy who turned out to be gay. Gay is not normal in our culture. So he abused me sexually. I became pregnant and he had no intention of staying with me. He only used me to come to Canada and so he threatened me that he would kill me and the baby if I didn’t abort. So that was very hard. I divorced him and I became more of a bad girl in my family’s eyes and my parent’s eyes. I felt that it was not a good idea to have a child from him, so the universe also supported me in many, many ways.

In my teachings, my movement therapist Gabrielle Roth, would say that the fastest way out of hell is through it. I divorced the first husband and because the abuse continued, I thought my only way out of my parent’s hell was to say yes to another arranged marriage. My second husband used me to come to Canada and he was very deceiving. He had a hidden agenda because nobody in my culture would marry a divorced woman because she is dirty and has been used. It made me wonder why he took me and then I played doormat for a long time. I played unworthy and that was reflected back on to me.

It didn’t stop until I had a stirring of searching deeply for who I am and how I can bring healing and wellness to myself. So a lot of frustration and a lot of agony, but I found that inner flame residing. I went back to university and did a Bachelor’s degree. I didn’t need to deal with the house drama. I raised my children and I remember my daughter telling me, “Mommy you are already smart. Why do you have to go to university? You know everything.” That was a beautiful opportunity to explain that learning is a lifelong commitment.

I was growing into this very strong being with knowledge and I wasn’t taking too much crap. I had been there done that, so my current husband played dirty and he put me on lithium. It

was very unethical and wrong how it was done in the medical community, based on my husband's observations because he is a professional. My doctor didn't ask me until they declared it bipolar because I was bubbly and high energy. He thought if he declared me crazy then he could do what he wanted. He emigrated at least 14 people without telling me, so another use and abuse. Those were the patterns, so I felt like garbage sometimes. Those were the feelings that would come up, so I played the part of unworthy. The lithium wasn't working, so they were going to up the dose. I put a halt to it and then I saw another psychiatrist who said, "Get off that crap. You're not bipolar. You are high energy and bubbly. If you don't want to be on lithium, don't. If you don't want to go back to that psychiatrist, don't." I didn't know I had the power to say no because I didn't learn to say no.

This war has gone on for 21 years in this marriage. I am asked where I spend, what I spend, or passive aggressively he continues to abuse me. I am now ready without fear saying, "Your threats don't work for me," because now the threat is well, "I'll leave you high and dry, if you..." No, this is Canada and 50% would be mine anyways, so what is it that you want. He is the son of an alcoholic so he has the suppressed quantities he can't deal with and because he is a professional he thinks, I don't need help. I've stopped trying but my slate is completely clean where I've gone from numb to anger to frustration to, not nothing, but just content. I turned around and I said, "He is doing the best that he can." That's what it is, and I can't allow that story to be my story because my story is enough on its own. It's not an ego trip that I feel good and right about myself. It's just, you do what you need to do and I will no longer give you the power. So those kinds of understanding and insight come, which ends suffering.

I am afraid that another divorce would make me further unworthy, but I have taken ahold of the situation. I am not willing to cut the ties or to change things that way, but I will change my

dance one more time. My belief system in this work is that one person changes the dance. That is all that needs to happen. I can't change anybody, so I need to find that internal happy. I used to rage and cry, so I wasn't hurt. Now I've gone back to this connected, rooted voice that says, "What you are doing now isn't going to work." I've said, "I won't allow it and I won't give you the power to continue to hurt me." That comes over time. I can't just say that to my clients or a friend because it is very hard to do and it takes a long time to believe in yourself.

I've done an awesome job with my children. They are beautiful beings. Thank goodness I've raised children who are heart-led rather than mind-led. Now the kids are standing up and want nothing to do with their father and everything to do with me. He's shocked and he's trying to say I've made them sick or I've made them hate him. No. My children got to grow and see a professional man who has a degree. He has a practice, but that street life knowledge and relationship connection, is nothing. Now I can allow him to feel whatever he needs to feel good and one day he will hopefully be confronted and faced with what he's lost. The whole 21 years of marriage he served his family and we've been second. I have a program where I'm second.

I've sometimes been desperate in life or so frustrated that the unworthy took me to dark and frustrating places. I didn't believe in myself so I cheated on a test and a paper which got me in trouble. It wasn't because I couldn't or didn't want to do the work but it was because a lot of traumatic stuff was happening at home from the lithium. I have physical symptoms that have lasted. I have acid reflux that goes tenfold when I'm stressed. Sometimes when I was stressed, I would eat the wrong things and eat them almost to toxicity. A long time ago I even wanted to overdose on jelly beans. They became really gross, but I kept eating them because it was the sugar and it was self-soothing. Gabor Mate's book, *When the Body Says No*, helped quite a bit.

One time I had an anxiety attack and they thought I had heart disease so they had to fly me to St. Paul's. My husband left me high and dry. He didn't come and see me. My kids were young and my son couldn't figure out why mommy wasn't coming home. My arm and the chest pain had nothing to do with my heart. The angiogram came out perfect, but that was a traumatic event in itself. I found the movement during that angio time, where I had to do something else. I had taken my children to a mom and tot class and there was a freeing in my body and a playfulness that I sensed. Cause I never had play. Movement was restricted because, "Girls sit like that. Girls are quiet and girls are not seen." So that movement gave me freedom and I felt an explosion come to me and I had never felt so great. I pursued it, then I trained and I started to teach it.

The somatic work, the inner dance, the chant, or when I quiet the mind and just be. Honouring me, finding the stillness in this body, and the healing warmth that is created when we move. It's not a dance of steps; it's a dance of, "What needs to move today?" It is a type of moving meditation which allows you to release where it is stuck. You have to be settled and grounded. I've done the work so I know how this transformation can go. The freedom that I felt was charged. It wasn't just a physical something; the dance enters you. The healing is inside out. I truly would be lost to lunch somewhere if I didn't have the somatic work. It's the energy you build with it and the intentions you have. I truly believe you can never go wrong with your intention. There is an intuitive process you go through when you've been hurt so down to the core, that you see visions of when someone is just faking it or that non-authentic view or value that somebody has.

I do see that I've come a long way but because of the traumatic events I described, I feel something is damaged or broken. Not that it needs fixing, but there is something that is amiss

that will never be mended. I do great work, but I really truly don't believe that I can make a difference. I make up a story thinking, I didn't do anything. I can't own my own goodness. I can't own that I created this studio for healing and how many people have walked in. Sometimes I don't even do anything, clients just coming in my presence, they sense that they are seen and they are heard. This studio is a container where I hold you and where I witness your anger, your frustration, so that you can do what you need to in a safe place. You're not judged and you're not hurt.

This studio came from a lot of hard work and it is a very safe and sacred space for me where energies and vibrations come. It's a feeling and they say home and healing is a feeling. It's not a structure or a building. The universe has an energy as well. I believe in those energies and that is very important. So chanting, workshops, self-help books, Gabor Maté's work, and Gordon Neufeld's work; Peter Levine's work on trauma is also amazing. Thank goodness that all those were there. There wasn't one book I didn't read or any workshop that I didn't do. I then slowly started to help others as they came to me, so that brought a turnaround from lithium crazy to powerfully healing. I want to make a difference of 10 women and empower them, of my culture and non-Indian as well.

The health and healing has to do with emptying the mind and coming to the body. I used to live in my head. Our head is our trouble and it has to go. We have to be a master to the mind by bringing the awareness into the body and the body has an innate wisdom which it moves. The talking and venting will go a short way but doesn't do a lot. With moving, once you find the flow, this body and this tool, we can take onto a conversation at work, or where somebody is being a jerk to us, and how to flow through it. The grounding in that is if we don't flow, we are going to be stuck. So if I'm gonna stay here, I'm gonna be stuck in my story and healing will

never be a possibility. We become unstuck by moving the body five minutes at a time. One day at a time. It's fascinating. The mind-body connection is so important.

Then the spiritual aspect, I was born into this culture where chanting and connecting to the self and seeing the ways of God within you. There is that bigger force that is greater than you and I and the whole universe. With those kinds of belief systems, I was able to just give all my crap to that force, to the Divine, to take care of me because I always have been taken care of. Like the counsellor said of what's happened to you, people could be dead, gone insane in a mental institute, become drug addicts or alcoholics, but you're still standing and that says something. I didn't stop and become stuck because that's when we become addicts or self-cut to numb the pain, whatever survival techniques that we use. I am so blessed that I didn't resort to those. I still saw the light.

Some of the therapy or the psychologists or psychiatrists that I've had did absolutely nothing for me. That's on the record and off the record. That's my truth. Some things have stuck with me from different therapy workshops, where the client shares the story and says, "I am not a victim. I'm innocent." The second was, "I'm whole and complete." I don't need my husband who doesn't even care about me to hug me because I longed for that. Somedays I used to cry and be sick to my brain, that somebody would just hold me and hug me, for who I am and as I am.

In a workshop, I was introduced as a spring-loaded piece of sheet metal which people have pounded on and pounded on. Another counsellor said, "You're not a survivor, you're a thriver." It's great for people to tell you that, but when you go through it think of a hot iron hitting you over and over in the same spot. I felt that the story had to be told, so I didn't suppress it inside. I told anybody who would listen. I told anybody who would hear and comfort me and

love me and hold me; to feel that I was worthy. Now I'm at a point where it doesn't matter whether somebody loves me or not. I can stand on my own two feet and charge at something.

At one workshop, I was guided to have 'big me' take care of that 'little me' and promise her that she will never ever leave her stranded or abandoned anywhere ever. So with that promise it just went from there onwards. Workshops when I've shared my story or did an exercise, some single men or even married men, thought that I've been deprived. I'm a beautiful, bubbly person and how sad that I don't have a man who will sweep me off my feet. One even told me, "You don't know what it is to make love because you have just been abused in that." He wanted to and I said, "No." I gave him a beautiful hug and I said, "No, I won't be able to live with myself the next morning." I appreciated what he said, so why I'm sharing that is because people on the healing path see a true kind soul and want to rescue her when she can't rescue herself.

The turnaround with the workshops and the healing aspects I engaged in helped my husband see, he went from calling me crazy to calling me goddess. Nobody else changed. I changed. One person changes the dance. I was the same person. I didn't play goddess. That was something that came from the outside and a vision from someone else. I started to feel good and worthy. I was just given this label and I didn't hold onto that label either.

Now there is this vibration that sings in me, that no more, I refuse to be numb. It's not an attack of anger or anything, it's just a surrender and an acceptance that, "Wow, you, this body has given so many the opportunity to do their dirty work." They have to own it and they have to live with it. The lotus flower comes from all this yucky dirty water underneath. The beauty of it is it's just a part of nature and that's who I am. With my knowledge and background, it's a PhD you can't get at university. You cannot get that and it was handed to me. All I had to do was

receive it and keep what I needed and let go. I got to practice observing what dirty sexually corrupted men or boys needed to do or how wounded they were.

Instead of me becoming the victim, I transformed that to I am not the victim. I am not wrong. I am innocent. I had to chant that to really own it and believe it. You have to fake it until you make it. In other words, you have to embody it. That innocence was a huge piece for me. In one workshop, understanding that you didn't do anything wrong. You couldn't have stopped that man from molesting you. You couldn't have stopped your dad because your dad is someone you respect. If he is beating you then you must have done something wrong and you must deserve it. Then you start to unwind the tapes and, "No I didn't deserve it. I'm innocent." In my somatic work, it has to come in your gut brain. You have to believe it. At this time, I do believe that.

It's beautiful to be able to stand tall but my understanding is that we have to be willing to do the work. Like I said, that inner flame never went out. That same father, he used to beat me and he asks me, "What am I doing or what am I feeding my kids that they are so attachment-based? That they're so connected." We're friends. I am their mother but I am also their buddy. We play together. We have to collect our children before we direct them. There is this vibrancy that I have with my children and myself that we need to remove ourselves so we are moving. The kids will go to university and I will begin my Masters. I need to move forward. I feel like I've given birth to myself once again through a lot of work.

I am not about labels. I am not about status. I am not about you're a better person if you have money. Sometimes I wished that I lived in a little card board box but I was happy and I was held and there was an equal relationship. Woman of my culture don't have equal relationships and doing this work, I feel Caucasians are in the same boat. Women are working hard at raising children and they are going to work. They are still questioned, "Well what did you do all day?"

So that turnaround, I feel like I will be part of that process where I can be the change and I am showing it to my daughter. One day I want to share that with other women that we can rise from that.

I see growth in me where I couldn't ever tell my story in the last 10-20 years without tears or frustrations or a hyperventilated cry. Where I felt lost and I had to kind of shut down and my body would be sore. My eyes would be sore. My jaw would hurt. Now I'm able to share it and state it as a story but I don't have to own it anymore. It's the past. The drama ends when I end it, when I stop entertaining it. So I try not to tell it over and over, but being in service to others so that somebody can benefit.

So what kept me standing was that inner flame, my beliefs system, this work and transforming suffering into art, where this sacred space was created and I'm able to help. The turnaround is so beautiful. I felt unworthy and then the turnaround with my father who beat me, thinking that I was just a low life, to asking advice from me. I've gained this power that I've had to hang up on him when he's still in my married life interfering and attacking me for whatever. I feel that in a second they can make me into a little girl again. I know how to come back from that little girl and be 10, 20, or 30. Abuse and trauma can do a lot. As long as you own it and hold onto it, it will stay with you. I've learned that instead of pointing the finger, "The uncle did that. The dad did that. My husband did that," there was three fingers pointing back to me. How could have I been different? Yes I was a little girl. I had no idea but now I am strong. I have to let go of my fear, stand tall, take the risks and see what happens.

My body and my mind and my little girl, we were, I was used by these perpetrators. I'm giving this story back to the universe. The lessons of divinity through my culture and tradition say that this body and mind and whatever I've got; take it and if somebody can use it to heal,

then I've done my service. I've given back to all those people who have heard my story and said, "We are with you, keep going." That kept me going. Or people who did this work so that I could carry on. I'm this walking, talking, live research going on making a difference a little at a time. Even with the suffering I've gone through, I've been receiving the goodness and I've been taken care of by the universe. I can feel abundance even with all the losses. I just transform the losses into it had to happen. It's like we put fertilizer in the garden so good things can grow. These challenges are fertilizer to help us grow and without that we can't. Where would I be if I was a happy, rich doctor's wife who got nails and tans and went to parties? My kids would be somewhere else right now and so I'm thankful that I'm not. I go shopping for the best organic carrots so I can tell my kids they will have good skin. My dance is so different and it wouldn't be if I had everything.

We all have stories and what I've concluded from all of this is that we all have the same story, just different bases. We've all had our own piece of hell one time or another and it's how we move through it. When we feel empowered and content and are ready and charged to take it on, it starts to work for us rather than against us. It's learning to fall at times and getting back up. It's the motto of the work and the wisdom and the medicine lives within you. You just have to ignite it and believe in it and be able to work through it.

I will integrate both the art and the science. The next level would be opening a school to empower others. There are programs that are helping little girls believe in themselves. Empowering teachers, I present at professional development days to give them a bit of that attachment piece or the body piece. I want to be mobile and do lunch time movement breaks at workplaces where they can reduce stress and avoid burnouts. There are a lot of doors that are open. I start school in the fall online so that I can be there for my children. It's important for me

to be a mother before I can be anything else because it is a reflection on how well I've done.

There was a time when I thought, "I have to be good for my parents," but that just all came from the wounded self. Now I can have a look at my wound and my sadness and that's what the movement and the practice allows us to see where we are stuck and how we can tweak it. The pain is old now and I can honour it. Without that pain, I wouldn't be here.

All of it is a dance. When you want your child or your spouse to do something, you have to be authentic enough to ask for what it is. I'm working with some sexual therapists where wounded and traumatic people can't express their sexuality. They can't ask for what that is. In my belief system and in my culture I thought that orgasm was only for the man and the woman serves the man. I came back from a workshop and told my husband what I shared which was very foolish of me. He was like, "Oh my God, you shared that in the workshop?" and I go, "How the hell would you expect to heal if you don't?" So it's that logic that will exhaust you.

I'm finding I am my best counsellor. I feel like I have the wisdom within to serve my own needs. Nobody knows my situation better than I or my culture because the Western world people have told me, "You should've ditched him a long time ago." I feel the Western community all want a quick fix. The counsellors kind of listen and that's what turned me away. So then I went to workshops and it was empowering because I was given the tools to take myself. The choice was there and that was important. The movement is what saved me because I got into my body and was powerful. I didn't know I could dance that way and it's not a dance of steps and choreography. It's my dance. It's my unique dance and it changes every time I enter this dance floor. The body has wisdom; all we have to do is listen. So bring your attention and your awareness back to yourself and learn from the body and what it has to offer.

The innocence chant is huge, “I’m innocent no matter what has happened to me” and, “I’ve done the best I can and they’ve done the best they can.” That releases us from the garbage we’re holding. It’s all about being authentic in a relationship and the relationship we have with our self, whole heartedly. But if we don’t, then we can’t expect anyone else to have a relationship with us. If we wonder why our relationships aren’t working, it’s because we forgot who we are and where we came from. We are a product of our environment. With our wounds and our story, we can move it aside and say, “I’m not gonna own that anymore. Let’s put that away now.”

Summary

The narratives of healing represent the co-construction of knowledge of the participants lived experiences and my understanding of the meanings they attach to healing and recovery. The stories reflect a narrative truth situated in a particular time and space. Yet, the stories continue to take on new meanings with each reading. It is my hope the stories portray the participants’ voices and respectfully capture the essence of their experiences. Chapter Five will present Phase Two analysis, which includes the content from the narratives to answer the secondary research questions. A categorical-content analysis was used to examine the themes in the participant’s stories, illustrating the hindering and helping factors specific to healing from complex trauma.

Chapter Five: Categories and Themes

Phase Two analysis was carried out to provide a more detailed understanding of the hindering and helpful factors in the participants' healing experiences. The narratives from Phase One were analyzed using a categorical-content analysis based on Lieblich et al. (1998) model for narrative inquiry. Content from the narratives of healing was selected, color coded, and grouped conceptually to answer the secondary research questions: What hinders adult trauma survivors' in their recovery? What therapeutic approaches, counselling/health/alternative interventions, resources and/or supports assist adult survivors in their healing?

Ten broad categories were identified with narrow themes grouped to each category. A category was named when content from nine or more of the participant's narratives were included within the themes assigned to that category. The categories include: *Effects of Trauma, Safety Concerns, Significant Life Events, Protective Factors, Faith, Culture, Professional Experiences, Therapeutic Practices, Relationships, Personal Growth*. The sections that were most relevant to the secondary research questions were selected from the narratives and organized into themes. A theme was named when four or more participants identified common phrases or ideas. The themes found within the specific categories are described in the following sections and are illustrated with the participant's quotes that were most relevant to each theme.

Table 2

Overview of Categories and Themes

Research Questions	Categories	Themes
What hinders adult trauma survivors' in their recovery?	Effects of Trauma	Diagnoses; Trauma Symptoms; Somatic Complaints; Anger; Anxiety and Depression; Guilt; Shame; Self-Esteem; Risky Behaviours; Addictive Behaviours; Disordered Eating; Suicide Ideation; Abusive Relationships; Codependent Relationships; Trust Issues
	Safety Concerns	Threats for Harm; Burden of Sharing; Wounded Family; Racism
	Significant Life Events	Separation; Death; Loss of Education or Employment; Health Concerns
What are the healing experiences of adult survivors of complex psychological trauma?	Protective Factors	Early Life Experiences; Inner Qualities
	Faith	Spirituality; Religion
	Culture	Cultural Connection; Cultural Practices
	Professional Experiences	Unhelpful Experiences; Lack of Safety; Service Issues
What therapeutic approaches, counselling/health/alternative interventions, resources and/or supports assist adult survivors in their healing?	Therapeutic Practices	Therapeutic Relationship; Approaches and Interventions; Alternative Practices; Safe Coping
	Relationships	Reaching Out; Healthy Relationships; Helping Others
	Personal Growth	Gaining Insight; Positive Experiences; Separation From Those Who Harmed; Sharing Story; Honouring Experiences; Reclaiming Power; Ending the Cycle; Acceptance; Gift of Trauma; Moving Forward

Effects of Trauma

This category included the multilayered and long-term consequences associated with early and prolonged exposure to trauma. The participants identified a range of mental, physical, emotional, and interpersonal challenges that were hindering to their healing and recovery.

Diagnoses

I went to mental health because I am papered - PTSD, anxiety, chronic depression, and hypersensitivity. Those are my four titles. (Finding Myself)

In the category of the effects of trauma, the participants highlighted key issues associated with the diagnosis of trauma-related symptoms. Many reflected on their experiences of receiving various diagnoses as adults. Being formally diagnosed with a psychiatric disorder was not perceived as helpful for one participant who identified the potential consequences of such a diagnosis. She explained, *“One of the challenges I have is with PTSD. I don’t want to be formally diagnosed because then I will lose access to a gun”* (Strength in Community). Not having access to a gun would create barriers for her to engage in cultural practices such as hunting and further oppress a single mother with low income who was responsible for providing food for her family. This illustrated one of the potential challenges with the Western medical model and how diagnoses may not be culturally appropriate.

The most commonly reported diagnosis among the participants was PTSD, which was reflective of their exposure to trauma. In addition to this, several participants received multiple diagnoses which included psychiatric disorders and medical conditions. One participant shared, *“It’s like I had a wonderful list of seven or eight diseases. It wasn’t logical that someone would have all these illnesses”* (Achieving Wellness). The presence of unexplained and persistent symptoms often resulted in numerous incorrect diagnoses. Some of the reported diagnoses

included chronic depression, anxiety, food allergies, kidney disease, fibromyalgia, and chemical sensitivities.

Equally problematic was the issue of misdiagnosis and the negative effects associated with incorrect diagnoses. One participant recalled, *“One doctor tried to diagnose me as anorexic, and I said, “You might be right, even though I don't agree that I’ve ever had anything like that presenting before. Not the way I feel like you’re suggesting”* (Culture as Free Choice). The misunderstanding of symptoms had serious implications for treatment and recovery. For example, some of the participants sought out treatments that were expensive and ineffective in reducing their symptoms. The side effects of certain medications were described as unsafe and harmful. One participant recalled taking psychiatric medication that was prescribed based on the wrong diagnosis. The medication did not treat her symptoms and the side effects resulted in further harm to her emotional, mental, and physical well-being.

Trauma Symptoms

The first time I actually called the therapist was back in 2000 when I had my first flashback. I had repressed everything for a long time. I remember thinking, “Wow, what the hell was that?” and knowing that something was horribly wrong and feeling like I needed support. (Achieving Wellness)

The majority of the participants identified trauma symptoms characteristic of PTSD, most notably flashbacks, persistent fear, and sleep problems. The flashbacks were described as overwhelming and intense, and at times, affected the participants’ abilities to take care of their basic needs or complete daily tasks. For example, *“It is tough when you’re really struggling with flashbacks and sometimes even just cooking a meal for yourself feels like you're climbing Mount Everest”* (Achieving Wellness). One participant acknowledged her body’s physiological response to flashbacks, noting an increase in adrenaline when she would drive on dirt roads at

night. In an effort to avoid experiencing those intense reactions, she stays away from driving at night.

In this theme, participants also discussed ongoing fears such as being afraid of the dark or getting attacked. After experiencing extreme violence in a previous relationship, one participant explained, *“My biggest fear when I’m leaving the house or coming home is if I see a car that looks like his car. My friends say, “You panic, stop doing that. I’m here. No one is going to hurt you”* (Striving for Change). There were a number of environmental triggers such as certain people, places, or situations that induced feelings of fear and panic. One participant acknowledged how her fear of the dark created challenges for her being in a hunting family. Another individual recalled how she was fearful of everything and everyone, which was why she was too afraid to seek out help for herself. Those who were victim to violent attacks reflected on their fear for their safety. *“I’m not as scared of the things out there in the dark as I would be in my own home. I never used to have mirrors in my house because they would trigger me. I was afraid that somebody was going to attack me”* (Strength in Community).

Sleep problems were commonly reported by participants, often leaving them feeling physically and mentally drained. Several individuals experienced difficulty falling asleep, disturbed sleep patterns, or insomnia. Participants described feeling overwhelmed with distressing memories at night and not being able to shut their minds off. The lack of sleep took a toll on the body, as one participant described how her body never felt rested because she would wake up several times in the night. The physical and mental exhaustion intensified trauma symptoms and affected their ability to cope.

Nightmares and vivid dreams were especially troublesome for some of the participants. Dreams were described as graphic, weird, and at times filled with messages. The dreams

represented past traumas, romantic figures, and unsettled relationships with family members. One participant reflected, *“I also had dreams about my dad, showing that our relationship will always be difficult”* (Culture as Free Choice). The prevalence of nightmares and insomnia intensified for one participant when she was in therapy and engaged in trauma work. She explained, *“Nightmares really hit hard. Horrible insomnia, but I’ve had really bad insomnia all my life. That wasn’t new, except that in therapy it got much worse. Sleepless nights or nights where I could just sleep for a couple of hours at a time”* (Achieving Wellness). The sleep problems became so severe that at one point her therapist suggested she go on disability.

In addition to the classic PTSD symptoms, participants also discussed common trauma responses including dissociation and repressed memories. Dissociation was described as not being fully present. One participant acknowledged her struggle with not being completely integrated. She suggested that part of the issue involved having awareness of when the dissociation was occurring. Although the integration was improving each day, this individual realized that she still had some work to do. Another concern brought forward by two participants was the phenomenon of repressed memories and the struggle in dealing with recovered memories as adults. Recalling traumatic memories for the first time resulted in feelings of disbelief, denial, and re-traumatization. One individual shared, *“At my first session, I uncovered a repressed memory with MCFD and it traumatized me again. I realized I had trauma that I had no clue about. It was with MCFD and it was abuse. It was really rough because I had no clue how to deal with that”* (Awakened Spirit). He acknowledged not having the coping skills at that time to deal with the overwhelming and painful memory from his childhood.

The struggle to accept early traumatic memories as true was highlighted by one participant. Given her understanding of memory function, this individual questioned her

memories for years because the memories were going back to as early as six months. It wasn't until she connected with other trauma survivors who had similar experiences that she was able to be more accepting of those early, distressing memories. Interestingly, this participant also reflected on the consequences of repressed memories on her physical health:

The repressed memories have been a fascinating subject for me because in a way yes it was helpful because the brain does what it can to protect. It's a survival thing, yet at the same time the repressing has hurt me a lot, too. I have developed a lot of physical problems secondary to that. With time I've thought about the burden on the immune system because the body has to hold these negative memories and is trying to prevent your conscious from being aware of it. (Achieving Wellness)

Somatic Complaints

I was an RN for six or seven years when I started developing all kinds of physical issues. I wonder if it was the beginning of my body trying to tell me something was wrong. (Achieving Wellness)

This theme addressed a range of physical symptoms that the participants linked to trauma and stress. The symptoms were often described as persistent and more intense during stressful times. For example, *"I have physical symptoms that have lasted. I have acid reflux that goes tenfold when I'm stressed"* (Suffering into Art). Other gastrointestinal problems such as stomach aches and nausea were commonly experienced, often affecting diet and eating patterns. Individuals recalled changing their diets, cutting out certain foods, and in some cases not being able to eat at all. One participant shared, *"There were days where it felt like I had a bag of angry weasels in my stomach, where I just couldn't eat and my body was going to fight all of it"* (Culture as Free Choice). The same participant noted, *"I didn't digest because what I was digesting emotionally was so difficult"* (Culture as Free Choice). The connection between the mind and body and how that is manifested in illness was highlighted in some of the stories.

The body's response to stress resulted in a number of somatic complaints that included headaches, pain, eczema, chronic fatigue, and tense muscles. One participant suggested that every cell in the body has a physical memory. She explained, "*So the muscles are tense everywhere, all the time. I know that because I've been in therapy for years, and slowly I have noticed how my entire body has started to relax. It's a slow process*" (Achieving Wellness). This participant recognized the benefits of therapy on her physical health, suggesting that specific health concerns may have been linked to past trauma and stress. For example:

I think by the second year of therapy, the kidney illness was completely gone. The other physical issues I was diagnosed with have all disappeared since. I had asthma that I was diagnosed with. Chronic fatigue that was popular in those days. Fibromyalgia was another issue that I had. (Achieving Wellness)

Anger

I didn't really have any mentors and one of the things that has kind of made me angry as a grownup now, is realizing that there would have been grownups in my life who must have noticed that something was off but no teacher ever intervened until I was 16 or 17. No one ever asked, no one. (Safety in the Wild)

Feelings of anger often stemmed from early trauma experiences and not receiving protection from the caregiving system. The anger was frequently directed towards those who harmed and those responsible for keeping children safe. Many of the participants experienced a lack of support or validation for their experiences because the abuse was often perpetrated by family members. Participants described feeling resentment, blame, and even hatred towards their offender. One individual shared, "*I was totally oblivious to the fact that I had no clue who I was and that was where the anger came in too because I blamed it on the perpetrator for taking that away*" (Finding Myself). The anger was a response to separation and lost time with loved ones as well as their relationship with themselves.

Several participants acknowledged that anger was a coping strategy to deal with their pain and loss. One participant described the anger and rage as a way to avoid feeling hurt. It was a protective survival strategy for some of the participants. Yet, it also had consequences on relationships and their emotional well-being. For one participant, she acknowledged not having an outlet to express or deal with anger in her current life. For example, *“One of my issues to this day is that I have no out for my anger. I don’t get angry very often, but sometimes I get really frustrated and the anger sits right here. It doesn’t move”* (Finding Myself). She recognized the need to find a safe way to release the anger and frustration, *“I keep envisioning that I want to hit something. I think I need to go into kickboxing. I need to release this. It just sits there and I get really scared sometimes because I don’t know how to express it. I don’t want to go backwards”* (Finding Myself).

Anxiety and Depression

One time I had an anxiety attack and they thought I had heart disease so they had to fly me to St. Paul’s... My arm and the chest pain had nothing to do with my heart. The angiogram came out perfect, but that was a traumatic event in itself. (Suffering into Art)

This theme centered on the participants feelings of anxiety and depression. Some individuals struggled to manage their symptoms for years, describing the anxiety or depression as intense and overwhelming at times. Panic attacks were frequently reported, often triggered by stressful situations. These experiences were often viewed as frightening events. Anxiety was linked to a number of situations such as social settings, work, and moving. One participant reflected on her struggle with social anxiety:

I often get a weird anxiety about being in social settings but it’s not like being in professional settings. Those ones are where I get this horrible feeling that people know that I’m stupid. I’ll leave there and just think of everything I said and why everyone else must think that’s just a stupid comment. (Safety in the Wild)

Depression was often linked to environmental stressors such as divorce, death, or having no employment. Although, some participants acknowledged that they battled with feelings of depression for years. One participant recognized it as a triggered response, *“When I’m triggered, I am going to be depressed”* (Suffering into Art). The inability to cope with and regulate these emotions was more difficult for many of the participants in their early adult years.

Guilt

I wished I had the chance to go back and re-live because it was a gory experience. I have pictures of those times that come to mind and maybe bad things happened because of the life I lived. (Letting Go)

This theme focused on feelings of guilt and remorse for past actions. Two participants recalled behaving in ways that were not consistent with their values or how they were raised. Guilt was often associated with the engagement in hurtful or abusive behaviours towards others. Two participants acknowledged feeling appalled and disgusted with themselves. These strong reactions to past mistakes guided individuals to change their behaviours and live more congruently with their values and beliefs. The overwhelming regret for past mistakes lessened when they gained understanding of how early and repeated trauma affected them. For example, *“And those incidents reflected every piece of damage and harm that I had to heal from”* (Awakened Spirit).

Distant or conflictual relationships with caregivers or extended family created guilt for some individuals. These participants expressed confusion about maintaining relationships with those who harmed them. *“I also feel sorry for my mother. I pity her and I have a weird guilt about it. It’s horrible, horrible guilt, sometimes about the fact that I’m not closer to her. I don’t understand why I have it because she was horrible to me”* (Safety in the Wild). Others described feeling responsible for the harm or death of loved ones, often blaming themselves for not

protecting or helping others. For example, *“My sister never recovered. She was beat up. I couldn’t do nothing. I thought it was my fault. I couldn’t save her. She was beat up by my brother because she said, “No, I don’t want sex.”* These feelings of guilt were often enduring and resistant to change.

Shame: Fractured-Self

I thought I was broken. I was shattered. (Letting Go)

In this theme, the participants described themselves as being fractured, shattered, damaged or broken because of the trauma. A common experience for all these individuals was they had a history of sexual trauma in their childhoods. Some reported feeling that the body was broken or physically damaged from past violations. One participant explained:

I heard the term shattered or fractured. I didn’t know what fractured meant until I started actually internalizing it... Now I understand why I couldn’t make the connections because I’m a fractured person. The parts that are fractured are the heart and I will say the gut, but mostly it’s the emotional part that lays around your female organs. I’m totally broken there. (Finding Myself)

The repeated trauma also caused some participants to feel damaged within their sense of self or identity. One participant shared, *“I still feel like I’m not 100% perfect but I’m much healthier, like 90% feeling like I’m not ashamed of myself as a sexual and spiritual being”* (Culture as Free Choice). There was disconnect within themselves which was described in terms of their sexuality, spirituality, and personality. This disconnect was also present in their relationships with others and for some their relationship with their culture. The damage was perceived as something that couldn’t be fixed. For example, *“I do see that I’ve come a long way but because of the traumatic events I described, I feel something is damaged or broken. Not that it needs fixing, but there is something that is amiss that will never be mended”* (Suffering into Art).

Participants commonly identified feeling unworthy and used words like ‘bad’ or ‘dirty’ to describe how others viewed them. These messages often originated from the family of origin or were reinforced by negative responses to the trauma such as denial, blame, and even punishment. Cultural and family values added further shame as there were expectations to keep family secrets and not report the abuse. For example, *“My mother didn’t want me to report it because if I was a ‘bad, dirty girl’ nobody would marry me and arranged marriages were then my cultural background”* (Suffering into Art).

Self-Esteem

I really struggle with having any self-esteem in anything I do even though I’m in a very good position right now. I have a good income. I got here because I earned it and I still always doubt myself. I still don’t feel like I really belong anywhere. I don’t know if I’ll ever be rid of is feeling that I’m stupid because that was one of the things that my mom used to always tell me. (Safety in the Wild)

This theme addressed the ongoing struggles with confidence and feelings of self-worth. Several participants reflected on the damaging effects of emotional abuse on their self-esteem. They recalled hurtful comments, most often from caregivers, that were attacks on their intellect and character. Those negative messages stuck with some of the participants and have manifested as self-defeating internalized beliefs causing them to lack confidence in their accomplishments or abilities as adults. One participant acknowledged self-doubt as the primary hindering factor in his healing and recovery. He explained, *“There was just one thing that hindered me – self-doubt. When we have self-doubt it kills our dreams”* (Letting Go). Even with experiences of success in education and employment, some of the participants struggled to believe in their value and worth. It was common for these individuals to minimize their achievements or their ability to relate and connect with others. One participant shared:

I do great work, but I really truly don't believe that I can make a difference. I make up a story thinking, I didn't do anything. I can't own my own goodness. I can't own that I created this studio for healing and how many people have walked in. (Suffering into Art)

Risky Behaviours

I had a traumatic early teenage life because I was a really wild out of control kid, so I was always in these really high risk situations. But as traumatic and terrible as all of that was, I just always fought authority and that was what always helped me survive. (My Inner Warrior)

The theme of risky behaviours included various dangerous and unsafe behaviours the participants engaged in at young ages and in their adult lives, which often exposed them to further risk and victimization. One participant recalled how she often put herself in harm's way because she would fight and stand up for things that were wrong. By speaking out about the abuse at a young age, she was victim to further violence. This was described as a survival strategy that helped her cope with the chaos and maltreatment. Similarly, others acknowledged the risks and backlash that came with speaking out about violence in their community.

Some participants engaged in adult lifestyles early in life. This included being sexually active at young ages and having multiple sexual partners. One participant shared, *"I became sexually active at about seven or eight... I dated prostitutes, went to whore houses around town, clubs. I was 10"* (Letting Go). The early exposure to sexual activity shaped values about relationships, intimacy, and sexuality. One participant engaged in sexual practices with much older partners, while another participant discussed her early involvement in the sex trade. She explained, *"Anyhow to make a long story short I was introduced to sex for a long time. We know lessons we never thought. We started charging for sex in high school. I would be my sister's pimp and she would be mine"* (Carry On). Engagement in unsafe sexual practices created further risk for sexually transmitted infections and possible long-term consequences on their health.

Other risky and dangerous behaviours identified by the participants included involvement in a gang lifestyle at a young age, running away, and hitchhiking. One participant reflected, “*I hitchhiked the ‘Highway of Tears’ ... I did put myself in a lot of danger on the whole walk about and it was pretty radical of me to do that*” (Finding Myself). Participants were often unaware of the danger they put themselves in and the possible harmful consequences of their actions. However, with time many were able to recognize the risks associated with those behaviours.

Addictive Behaviours

My addictions became more and more extreme. I felt lost and hopeless. The further I got into my addictions, the further I lost my connection with who I am and even my own sense of right and wrong. (Awakened Spirit)

The theme of addictive behaviours addressed the participants’ issues with alcohol, drugs, sex, pornography, and exercise. One participant shared, “*I was a sex addict myself so I had to take long showers and masturbate*” (Carry On). The behaviours were often described as a coping mechanism to avoid painful memories and mask trauma symptoms. For example, “*I did some marijuana for PTSD and that was only twice but it was just to the point where I was in such a horrible mental state that there was nothing else I could do*” (Carry On). Some participants acknowledged a long battle with substance use, often going through periods of sobriety and relapse. Alcohol and marijuana use were most commonly reported among the participants. The codependent use of alcohol and cocaine was prominent for one individual, making it particularly difficult to overcome. Some participants reflected on their struggles to abstain, cut down, and resist the urge to use substances.

There were a number of consequences associated with prolonged substance use. Those struggling with alcohol or drugs reflected on the emotional, physical, social, spiritual, and financial costs of using. Prolonged and heavy alcohol use resulted in serious health problems for

one participant, “*After brain surgery, I went straight to binge drinking for months and months, to the point where I have liver problems*” (Carry On). Another individual recalled how substance use resulted in further isolation from family members and created mistrust in relationships. Furthermore, persistent substance use had negative effects on education and employment. One participant recalled:

Every problem I had was due to my trauma, due to separation, due to addictions and it took for me to lose everything. It had been that one moment where I hit rock bottom. I lost my job with the government and my addiction was at my highest. (Awakened Spirit)

Disordered Eating

Sometimes when I was stressed, I would eat the wrong things and eat them almost to toxicity. A long time ago I even wanted to overdose on jelly beans. They became really gross, but I kept eating them because it was the sugar and it was self-soothing. (Suffering into Art)

This theme addressed the consequences of excessive eating, restricting food, and eating disorders. Similar to other addictive behaviours, some participants used food as a way to cope and self-sooth. For example, “*I’m a chocoholic. So that’s what I do when I need something. I need to work on that too because there are side effects to that unfortunately. It just works like any other addiction. It’s to numb myself; to make myself feel good*” (Achieving Wellness). Excessive eating and eating unhealthy foods had negative effects on health. The risks associated with limited food intake were also noted. One participant shared her struggle, “*So no matter sick I got or how much I didn’t want to eat, I was able to eat enough that I never got below that number*” (Culture as Free Choice). This individual was at risk of developing an eating disorder, but was able to maintain her weight at an acceptable level to avoid medical follow-up for anorexia. Another participant linked her eating disorder to the trauma she experienced:

I also have another common denominator and it’s a good way to find out if a person has been abused – an eating disorder. Mine started between 12 and 13. Self-abuse to this day and even when I had my kids. (Finding Myself)

She described the eating disorder as a disease and a lifelong battle that has had serious consequences on her health. This participant acknowledged that she has to keep it in check and realized that it often flared up during times of stress.

Suicide Ideation

I had this weird episode where I was driving in a car in the lower mainland and I wanted to drive the car off a bridge. The idea just came out of nowhere and that scared me enough that I thought I should go talk to somebody. (Safety in the Wild)

Suicide ideation was a common theme addressed by the participants. Many of them recalled past experiences when they had thoughts of suicide. The thoughts were described as both fleeting and progressively intense. Feelings of depression and loneliness often accompanied the suicide ideation. One participant acknowledged how she was on her own during those dark times, but made a commitment to herself that she would go to the hospital if the thoughts intensified to a point that she wasn't safe. Another participant associated feelings of hopelessness with her near suicide attempt when she was in treatment. Current life stressors contributed to suicidal thoughts and included health issues, having to go on disability, break-ups, no family support, and unemployment. One participant reflected on his experience:

There was a time in my life not even that long ago, I was so depressed to the point that I felt suicide was the only option... The depression was I wasn't making money. I have a wife and children to take care of. I have school fees to pay. I have marriage. (Letting Go)

Abusive Relationships

I made lots of life choices that reflected my childhood trauma, like abusive husbands and sort of had more trauma. (My Inner Warrior)

This theme addressed the negative and harmful effects of abusive relationships. Some individuals found themselves in multiple abusive relationships over the years, whereas others remained in longstanding marriages often afflicted by multiple forms of abuse. The participants

identified experiences of emotional, financial, physical, and sexual abuse in marriages or dating relationships. Violence in relationships was normalized for some participants early in life, as they witnessed aggressive and violent behaviour within the family unit. These early experiences formed dysfunctional belief systems about relationships and love. One participant shared:

Since we were dating, he used to hit me. I never said anything because I thought that was part of love. I saw my mom and my dad hitting each other so you think it's okay if my boyfriend smacks me. It's part of being married to each other. (Striving for Change)

Several participants reflected on the damaging effects of further victimization as adults. They described partners who controlled their sleeping and eating patterns, who they spent time with, and how much money they spent. For example, *"This war has gone on for 21 years in this marriage. I am asked where I spend, what I spend, or passive aggressively he continues to abuse me"* (Suffering into Art). The coercion with finances was a common form of abuse for many of the participants. Tactics used to maintain power and control in the relationship often included threats, intimidation, and manipulation. Partners threatened to end the relationship or physically harm the participants or their loved ones. One participant shared, *"I became pregnant and he had no intention of staying with me. He only used me to come to Canada and so he threatened me that he would kill me and the baby if I didn't abort"* (Suffering into Art).

Relationships were often riddled with dishonesty and deception, such as partners being unfaithful or entering relationships for immigration purposes. Participants reflected on lost opportunities for education and employment as well as isolation from their family, religion, and home country. There were multiple barriers for women to leave abusive relationships such as fear, lack of support, no employment, children, and health concerns. One participant reflected on her experience:

In the midst of that, I left my ex because he was abusive and the abuse got worse over the years, especially when I was ill and the stress levels were high. My treatments were costing a lot of money. I woke up one day, I thought, “Oh my God, I’m dying physically. I died spiritually a long time ago. I’ve died mentally and I’m going to die physically if I don’t leave him.” (Achieving Wellness)

Codependent Relationships

I found a new relationship, which I should not have done. My counsellors, AA and my supports all advised me to stay single and I didn’t listen. I thought I found a good relationship. (Awakened Spirit)

Codependent relationships with partners and family members were described as unhealthy and enmeshed. One participant recognized that she was repeating the same patterns as her mother in terms of valuing her self-worth on her relationship status. She acknowledged that her happiness was based on whether she had a partner. She also recognized her need to be in a relationship for protection and to combat loneliness. Codependency issues were described as entering relationships prematurely as well as trying to help others at one’s own expense. For example, *“I was nine months sober when I fell off the wagon. It was due to codependency with a woman. I was trying to help her because I was sober”* (Awakened Spirit). This individual recognized that his history of ‘womanizing’ reflected his attempt to establish a connection with a woman, which he linked to the early separation from his mother.

Codependent relationships with parents and children were equally challenging. One participant acknowledged how she was repeating unhealthy relationship dynamics with her youngest child. Interestingly, she previously had a codependent relationship with her mother and was responsible for shifting those unhealthy relationship dynamics, but was unable to do so when she was in the parent role. She recalled, *“I realized I was recreating that with my youngest son, but he broke it. I couldn’t but he did. He pulled away and I was hurt”* (Finding Myself).

Trust Issues

After experiencing trauma, I have trust issues. (Strength in Community)

The harm caused in the context of interpersonal relationships early in life had lasting impacts for many participants. For one individual, the constant lying by a caregiver caused him to question authority figures and those in control. He explained, *“I really don’t trust authority a lot and for me to trust someone is pretty much impossible”* (Choose to be Different). This participant does not believe that others look out for his best interest, so he tends to avoid mentors or situations in which he would be in a subordinate position to others. Similarly, other participants discussed their wariness of service providers and helping professionals. One individual acknowledged his reluctance to seek out help because of a general mistrust in people, resulting in further isolation.

After experiencing repeated patterns of broken trust and being used in relationships, one participant acknowledged that she probably won’t ever have trust for others. Intimate relationships characterized by abuse, betrayal, and deception reconfirmed trust issues for some participants. For example, *“What dawned on me was another person of the opposite sex thought that he had to use trickery to maybe bed me or to have a relationship with me instead of being open and honest about it. I was so angry and I was so hurt, again”* (Finding Myself). These types of experiences influenced some participants to be guarded in relationships or refrain from relationships to avoid getting hurt or re-victimized.

Safety Concerns

This category included safety concerns that negatively affected the participants’ physical, emotional, spiritual, and cultural well-being. Both past and present safety issues were perceived

as hindering factors to their healing and recovery. Threats for harm, continued lack of support and validation, and racist experiences further compounded the trauma effects from early in life.

Threats for Harm

One time I showed up at home around 11pm with my friends. He followed me in his car and started videotaping me. He was questioning why I was coming home so late, so I phoned the cops. (Striving for Change)

In this theme, participants described real or perceived threats to their physical safety. Ex-partners and family members were often responsible for making threats or using intimidation tactics to create fear. One participant described ongoing safety concerns, such as pressure to meet with her ex-husband late at night or in secluded areas. His continued attempts to maintain power and control through text messages and stalking behaviours resulted in a protection order, not allowing him access to her or her home. Given that the couple had shared custody of children, she remained at risk for further victimization and had to rely on extra safety measures for potential emergency situations. She explained, *“My ex knows that he can’t do anything to me because my computer at home has a voice activation to call 911 through the internet. I say, “You can do whatever to me, but my phone will call the police” (Striving for Change).*

Participants discussed relocating to different communities for their safety. One participant reflected on her teenage years when she ran away from her community to escape further violence. She shared, *“I was a runaway. I just couldn’t take it on my small reserve anymore. It was so oppressive and a lot of men were very violent towards me, so I just left” (Strength in Community).* Likewise, another participant moved after receiving a death threat from her offender. The challenges with relocating to a new community included the stress and cost associated with moving, isolation from supports, and having to navigate an unfamiliar place.

The experience of early and repeated trauma left some participants feeling unsafe in situations in which there was no actual threat. For example, one participant recalled an experience when she was alone with a male, *“I went into bed and shut the door. I sat there and thought, “Do I hear footsteps?” It was all in my head. It was me having a panic attack because I was feeling vulnerable because I was in the house alone with my good friend’s husband”* (Finding Myself). Although this individual recognized she was not specifically threatened in that situation, she experienced intense and real fear that she would be harmed. Those types of perceived threats for harm created triggered responses which were described as overwhelming and difficult to manage.

Burden of Sharing

The mental breakdown was a very interesting experience because I definitely did not have family members react compassionately or empathetically at all. (Culture as Free Choice)

This theme focused on the continued secrecy of trauma and the emotional burden of sharing their story with others. The participants identified various reasons for not disclosing their trauma to friends or family, such as fear, judgment, stigma, and blame. For example, *“It is a very common thing for women who haven’t been in an abusive relationship to say it’s our fault because we didn’t do something at the time”* (Striving for Change). The lack of knowledge and understanding about trauma and the barriers to leaving abusive relationships created stigma and shame. Negative responses and the lack of compassion from others reinforced to some participants that it was not safe to share their story.

Participants recalled being blamed for the abuse or not believed when they disclosed to others. One participant reflected on how she was not ready to disclose her experiences of domestic violence to her family out of fear of how they would react. She explained:

Here in Canada the cops, my psychiatrist department, and counsellor are the only people who know the situation I have been through. No one knows on my family's side. I don't know what my brother will do if he finds out... My ex's family knows. They don't believe me. They say if he ever did, it was my fault. (Striving for Change)

Given that she had not disclosed the abuse to her friends, they lacked understanding of her triggered responses and did not always respond empathetically.

The burden of sharing past trauma with others was highlighted by another participant. She acknowledged that it had rarely been of benefit to share her trauma with others. For example:

My partner knows and past boyfriends have known but I really feel like it's a burden. When I have told friends in the past, it's never led to good things because either they know that about me and so that colours how they see me or they know that about me and it doesn't really change anything about how they relate to me and I have a problem with that too. (Safety in the Wild)

Partners and friends were often unable to relate to her experiences because they came from stable homes. This individual reflected on her struggle to connect with friends who had no knowledge of her trauma history, “*When they don't know about what happened there's always that weird barrier, but how on earth do you communicate to someone that you hate your mother and this is why. What will they think of you afterwards...*” (Safety in the Wild). The vulnerability in sharing painful experiences and possibly being judged in a negative way deterred some participants from telling others. Fear or concern about how others would respond when hearing about their trauma was commonly reported.

Wounded Family

I've always had a sense of longing and belonging, where my parents missed out and it was their job to protect me. It continued that way not having the love and support from my parents. (Suffering into Art)

This major theme was found in over half of the stories as the participants discussed the lack of safety and support from family. In some families, the effects of historical trauma and

intergenerational abuse were multilayered and profound. The participants described wounded caregivers who were unable to provide protection or respond to the trauma in a supportive manner. For example:

The adults were so paralyzed by their own trauma. They say they didn't know but we told them. They just couldn't respond in an effective way. It was just a really chaotic, crazy experience so you grow up of course doubting your reality because there is nobody to reflect back to you that what you were going through was wrong. (My Inner Warrior)

Several participants recalled experiences in their childhoods and adult lives when they did not receive any validation about their experiences of trauma. Common reactions from family members included denial of the abuse, dismissive attitudes, or the refusal to revisit the past. Many participants discussed failed attempts to address the trauma with caregivers. *"I remember bringing it up once to her a few years ago and she told me to get over it. My immediate response was I hate you even more"* (Safety in the Wild). The lack of accountability or remorse from caregivers reinforced to some individuals that family was not safe or trustworthy.

Distant or conflictual relationships within the family of origin were very common. Family members were often described as negative, intrusive, and unsafe. Some engaged in offending behaviours, whereas others were struggling with addictions or were in abusive relationships and unable to be safe or supportive. Participants discussed having to limit interactions with certain family members. For example, *"I do talk to my mom occasionally, but it throws me off so when I make the decision to talk to her I have to make sure that I don't have anything important to do"* (Safety in the Wild). Having awareness of their triggers and the possible negative effects of engaging with family was important for some individuals. An ongoing concern with emotional safety in the context of family interactions was commonly reported. One participant reflected on the lack of safety she experienced when returning home to where the abuse occurred:

I did have fear that being back in my home environment would be fuel. Something that my sister and I could never reconcile with my dad was we never moved away from where everything happened. My dad kept that property. Everything was intact from that era of our lives and the building where his dad lived. For whatever reason, it still stood strong. (Culture as Free Choice)

Racism

So here is my weird life because I'm a brown looking person and I had lot of racist experiences growing up with that.

The harmful and damaging effects of racism were revealed in four of the participant's stories. Individuals reflected on early and persistent experiences of racism and how those experiences negatively impacted their spiritual and cultural connection to self. The emotional harm that came from racist comments based on the colour of their skin or their cultural background was significant. Participants recalled feeling detached and disconnected from their heritage, which had consequences on their self-worth and formation of identity.

In addition, two participants reflected on their challenges in navigating educational experiences and the messages they received within the school system. For example:

I was taught growing up, basically through education in secondary school, that my language is useless. There is no reason why we should be teaching it because everybody speaks English and that my people are kind of more of a nuisance. At one point when I was a teenager, I had blue contacts and died my hair blonde. (Strength in Community)

From early ages, these participants received the message that minority cultures need to assimilate with the dominant culture. School did not provide opportunities for participants from diverse backgrounds to learn about their land, history, or culture. Discriminatory experiences affected one participant's motivation to continue with post-secondary education. He explained, "*During my first experience at school, I didn't want to go because I experienced something that I will always experience through a community – discrimination and misunderstanding of my history*" (Awakened Spirit).

Significant Life Events

This category focused on various life events which created barriers to healing and recovery. The participants identified many difficult losses they experienced throughout their life span. The losses represented separation and disconnect from family, culture, community, and identity.

Separation

... I was upset at myself for losing all those years with my mother and distancing myself with my siblings. It hurt me. Not just physically, emotionally or financially, but every piece of me was hurt. (Awakened Spirit)

The theme of separation included the significant losses the participants experienced throughout their lives. Individuals reflected on being separated from caregivers or siblings early in life due to changes in family structure, having multiple caregivers, or being placed in Ministry care. Those who were in the care of the Ministry recalled numerous losses associated with being separated from their family, community, and culture. One participant shared, *“Everything went well until I was 16. I got transferred to this community. My sister and I got put in foster care”* (Carry On). Being removed from their home community and away from siblings was linked to feeling disconnected with family members and culture later in life. One individual recalled the loss of identity and culture with the passing of her mother. Having new caregivers at a young age resulted in her not learning the language or cultural background of her maternal family.

Significant life events that had elements of opportunity and loss included immigrating to a foreign country and pursuing international educational experiences. The separation from loved ones and one’s country of origin intensified feelings of isolation and grief. For example, *“I have no one here. It is just me or him. I don’t trust anybody with my kids...”* (Striving for Change). The loss of relationships such as break-ups, divorce, and children leaving home were viewed as

difficult life events. One participant shared, *“The hardest part was when my kids grew and left because that was when my life really started falling apart. It was my youngest son who said about a year or so after, “You’re going through empty nest syndrome”* (Finding Myself). Losses later in life brought up feelings of abandonment and rejection for some individuals.

Death

Grandma had to go. I lost my mom, my dad, everybody, but it helped me deal with what I have today, cancer. (Carry On)

In this theme, the participants reflected on the deaths of caregivers, partners, siblings, and children. These individuals described losses that occurred early in life, multiple deaths of loved ones, as well as traumatic losses that were the result of suicide or homicide. For example, *“It hurt me because that was the second person that I coached, to commit suicide”* (Awakened Spirit). Tragic and sudden deaths were particularly difficult to cope with as there was no opportunity for closure in the relationship. One participant discussed the guilt and responsibility he experienced after the loss of a family member to suicide. Given the different values around suicide and the afterlife, reactions to death by suicide often had stigma and shame attached.

The death of a primary caregiver was extremely devastating for some of the participants. One participant shared, *“When she passed away I kind of just threw it all away. I didn’t live how she taught me. I was very lazy and malaise”* (Awakened Spirit). Two individuals acknowledged feeling lost and detached with the passing of their mothers. Those caregivers who were supportive and the participants established a secure attachment with were often the most difficult deaths to grieve. Additionally, the experience of losing an unborn child reflected another unbearable tragedy. One participant shared, *“I had 11 miscarriages and I was in labour for four of those”* (Finding Myself).

Loss of Education or Employment

I really feel that if I would have been forced to go back to work at that time, it would have gone from a mental breakdown to a physical breakdown. It felt that something wanted to go. Just any more stress and something was going to give. (Culture as Free Choice)

The loss of education and employment was a common theme addressed by the participants. Many reflected on various challenges in their education and employment, which was often linked to their trauma history. Failing classes, cheating, dropping out, and withdrawal from school were discussed, “*I was the popular guy in school. Now I was failing and had to repeat the same class, so I stopped going to school altogether*” (Letting Go). These educational problems were often attributed to trauma responses and unsafe coping practices. Participants recalled negative school experiences that resulted from being in abusive relationships, using substances, or prescribed medication.

Similarly, some participants discussed their inability to sustain employment due to substance use, illness, and trauma symptoms. One individual recalled leaving his job because of the incongruence between his teachings to others and his lifestyle choices:

I walked away from my last posting with youth after my contract ended because I realized that I felt like I was a fraud. I was telling the youth to be cultural, to sing their songs, to be sober, to stay away from bad relationships and alcoholism. I was giving them life experience advice but on the other side of that coin I was out drinking. I was out disrespecting women, and myself. (Awakened Spirit)

Having inconsistent employment or low income increased the risk for poverty and further marginalization. Additionally, limited skill sets or formal training created barriers to sustain employment. “*I’m broke most of the time. I seem to go after jobs that are challenging and then when it gets to be too much, I back away whether it’s lack of skills or I have never had consistency in employment or education*” (Finding Myself). One participant recalled being unable to work because of health issues and had to rely on disability, whereas another individual

depended on EI when she was laid off and incapable of working due to mental health symptoms. This participant reflected on the severity of her trauma symptoms following the job loss and the long, difficult journey to return to work.

Health Concerns

So long story short, I ended up losing 100 pounds in one year because I was down to five foods. The allergic reactions were not mild. I was getting symptoms that were like anaphylactic reactions. I was given an Epi Pen to carry with me at all times. (Achieving Wellness)

In this theme, participants described past and current health concerns which ranged from life-threatening injuries to rare and chronic illnesses. Health problems had negative effects on their physical functioning, but also took a toll of their emotional, mental, and spiritual well-being. One participant described her survival from a violent attack by a partner. *“I almost died. I was in intensive care for about 10 days. My math skills went right down to a grade 3 level, so I had to start over again”* (Strength in Community). The loss of previously learned skills and the time spent recovering were serious consequences for this individual.

Another participant reflected on her long battle with multiple health concerns and unexplained symptoms. She was extremely ill for several years and came close to losing her life after being diagnosed with a rare kidney illness. The different treatment regimens to manage the symptoms became very costly. Although some of the physical problems may have been due to workplace hazards, there was reason to believe that many of her health problems were directly related to trauma as the illnesses disappeared in her second year of therapy.

The experience of being diagnosed with cancer was a pivotal turning point in healing and recovery for one individual. She reflected on the various healing practices she engaged in to promote her recovery from cancer. This individual acknowledged how all the losses and struggles in life gave her the strength to deal with her current illness. Yet, she also recognized the

effects of the cancer treatment on her level of functioning, *“It’s half hour chemo until December when I get my operation. Oh I can handle it, but this is too much. I have to slowly walk home from the hospital. Normally it takes 20 minutes to walk anywhere, but now it takes me a long time”* (Carry On).

Protective Factors

This category included a number of individual, family, and social factors the participants viewed as protective and helpful in their healing and recovery. The participants recognized the importance of having positive early life experiences and specific inner qualities which helped them survive the trauma and move forward in their healing.

Early Life Experiences

I was the first child that came out of the marriage between my parents. I would really say that was a protective factor because on that child level I got a good foundation for “I am valuable.” (Culture as Free Choice)

This major theme was found in every story as all of the participants reflected on people and experiences in their childhoods that helped mitigate some of the negative effects from complex trauma. Individuals acknowledged how some of their physical and emotional needs were met as children. For example, the participants recalled having basic needs such as food, shelter, and access to education and other experiences. One participant described her childhood as having some stability in the chaos. There was positive childhood experiences mixed in with the abuse and neglect.

Safe spaces outside of the home environment included school, church, work, and nature. These places provided the participants with comfort and a sense of safety and predictability. One participant shared, *“I loved high school because it wasn’t home. Home was the scary, violent place where I felt terrible. School was safe and I had friends who were respectful”* (Safety in the

Wild). Two individuals reflected on employment opportunities and positive work experiences in their teenage years where they felt valued. There were grownups that recognized potential in them and treated them with respect and kindness. *“He saw worth and potential in me. Little things like that kept the flame going, “You are worth it.”* (Suffering into Art)

Other factors such as birth order and socioeconomic status were also viewed as protective. *“I’ve always known how lucky I am and I think part of it has to do with class. I was born and raised in the middle class”* (Safety in the Wild). This participant acknowledged how she always had opportunities to work and receive financial support if needed. Those same privileges may not have been possible had she been born in a lower socioeconomic class.

Supportive and close relationships with alternate caregivers such as grandparents or nannies were viewed as a protective factor. It was through these relationships that they learned important values and life skills. One participant expressed his appreciation for the lessons he received from his grandmother, *“She had taught me a lot of the basics about spirituality, how to harvest and hunt, and live a really good, hard working life”* (Awakened Spirit). Individuals developed the skills to manage daily household tasks and care for themselves. Additionally, the early teachings from other adult figures provided a moral foundation for some of the participants to build on. For example, *“We would have a Sunday school teacher tell us stories. We learned about caring for other people and really basic things that probably all kids learn but for me I learned it in that context through religious teachings”* (Safety in the Wild).

Inner Qualities

Just focusing on what I’m grateful for in my childhood and for what I have now has really helped. (Safety in the Wild)

The theme of inner qualities included the personal traits and attitudes that helped buffer some of the negative effects from trauma. Qualities such as strength, inner flame, and courage were described by the participants. One individual recalled, *“I toughed it out...”* (Carry On) when reflecting on the multiple losses and traumas in her childhood. It was having the strength and courage to stand up against injustices and take steps towards healing. Another participant acknowledged how her strong values for equality and fairness helped her survive the trauma. She explained, *“I feel really lucky. I don’t know why or what it is about me, but from a very young age I had a strong sense of social justice. I think that was the beginning of my healing that I carried within myself”* (My Inner Warrior). This participant fought the dysfunction from a young age and with time challenged in more positive and healthy ways.

Many of the participants reflected on feelings of gratitude for the basic things they received as children as well as the gifts in their adult lives. One participant shared, *“I’m grateful. I’m humble but I’m also very honoured to be on this earth. I’m very honoured with my partner and the gifts that she shared with me”* (Awakened Spirit). Having appreciation for life and those they were in relationship with was conveyed through honest, empathetic, respectful, and nonjudgmental interactions.

In this theme, the participants also discussed the benefits of having a positive attitude and outlook on life. For example, *“I’m not cynical either. I’ve worn rose coloured glasses. I’ve always tried to look at the bright side of things or find the beauty”* (Finding Myself). Being optimistic and making an effort to live each moment positive were described as helpful in healing. Part of positivity included having self-belief about one’s ability to accomplish goals and constantly striving for self-improvement. This way of being encouraged some of the participants to live in the moment and focus on the good. *“The only thing I have now is this moment, so I*

have to live it positive and that's what I'm trying to do as much as possible" (Letting Go). Being open and willing to change was also viewed as significant for some individuals in their healing and recovery. Other helpful character strengths included motivation, commitment, and diligence. For example, *"You can be in the deepest hole and you can dig yourself out with due diligence and having the strength to see what needs to be changed."* (Awakened Spirit)

Faith

The category of faith included the themes of spirituality and religion. The participants reflected on how their beliefs guided them in their healing and recovery. Faith offered comfort and strength for the participants to move past the trauma and restore wholeness within the self.

Spirituality

I made amends to those that I could and it opened me up to a new chapter of my healing with my spirituality. Although it was with a Christian-based group, I still took the principles that they shared and used it with my own faith. (Awakened Spirit)

Spirituality was described as very sacred and personal, reflecting the faith, culture, and values of each individual. Participants discussed their beliefs about the universe and their connection with a higher power. One participant shared:

There is that bigger force that is greater than you and I both and the whole universe. So those kind of belief systems. That's how I was able to just give all my crap to that force, to the divine, to take care of me because I always have been taken care of. (Suffering into Art)

This individual processed her early experiences of trauma and the meanings attached to those experiences from her spiritual lens, which was instrumental in her healing. Some identified the Creator as the higher power in their spiritual world. Participants reflected on being in dialogue or relationship with the Creator where they searched for meaning in their experiences and prayed

for guidance and strength in moving forward. The spiritual connection to one's dreams was particularly important for one individual in her healing journey.

Several participants engaged in various spiritual practices such as fasting, chanting, prayer, and ceremonies. These diverse rituals were helpful in connecting the emotional, mental, physical, and spiritual aspects of the individual. One participant shared, *"One of the things we do is we swim in these rivers and glacial lakes that are really cold. The water is a big part of cleansing our old selves. I think a big part of it is the spiritual cleansing with the water and the medicines we collect from the land"* (Strength in Community). Healing ceremonies were described as private places where individuals prayed and shared their story with others.

Religion

Going to church has been helpful in my healing. Doing whatever it takes. No matter how pissed off God was with me, I found the Lord was forgiving. (Carry On)

The theme of religion included the participants who spoke about their faith in God and different religious teachings. Learning about different religions such as Christianity, Jehovah's Witness, and Islam was helpful for one individual. She explained, *"I have been picking up things that I like from different religions... It's still a journey that I'm picking up what I like. I haven't found something that I feel like this is mine"* (Striving for Change). The concepts of sin and forgiveness were discussed by those who identified as Christians. It was acknowledged that the forgiveness of sins was difficult for many people, yet it was viewed as necessary for healing. One participant shared his beliefs, *"I learned to have forgiveness. I found that out that God will not re-visit your sins. Once you confess your sin, it will let go as long as you are ready to let go of it"* (Letting Go).

In times of hardship, some individuals found solace in prayer and attending church. *"Some days I have to go to the church and pray about all that is hanging over my head"* (Carry

On). Another healing element of attending church was highlighted by one participant who appreciated the comfort of having a faith community, *“When I go to mass now I feel completely at peace standing there, singing, and just being around other people”* (Safety in the Wild). Similarly, this individual maintained the belief from childhood that someone was watching over her, *“I still actually believe that someone’s like watching out. It seems silly now that I think about it, but I think it’s just a nice comforting idea to have”* (Safety in the Wild). Having faith and the opportunity to engage in religious practices carried some participants through some of their most difficult times in life.

Culture

This category was very closely connected to spirituality for many of the participants. Connection to culture and history as well as the engagement in cultural practices was significant for healing.

Cultural Connection

I would say reconnecting with ethnic identity on both sides was really powerful for me. I have to give two sides of it attention. (Culture as Free Choice)

This theme focused on the healing aspects of reconnecting with culture and ethnic identity. Some individuals returned to their cultural roots through community participation and engagement. One participant acknowledged the benefits of being in her home community. She explained, *“Being with my community is really one of the most powerful experiences that I’ve had. Connecting culture, like drumming and singing, is a part of my healing”* (Strength in Community). Many participants highlighted the importance of being fully immersed in the culture by participating in ceremonies, celebrations, and special events. Connecting with cultural mentors and Elders in the community was valuable in reclaiming cultural identity. One

participant recalled one of the ways he connected to his heritage, *“I have connected to my ancestors through songs. I’m taking the time to learn the words and what they mean”* (Awakened Spirit).

The connection to culture included passing on the teachings and traditions to the next generations. One participant acknowledged how she felt really closely connected to her culture through the stories and traditions that were passed on through her relatives. Having knowledge of family legends and the long history with the land further cemented some of the healing. Cultural values were renewed and strengthened by participation in historical practices and being out on the land. One participant spoke about reclaiming cultural identity through storytelling and revitalizing the language. *“I think for us, just changing the idea about the way we treat each other is in the language. I’m a domestic violence survivor, so there are stories in the culture that describe the complete opposite of what it is now”* (Strength in Community).

Cultural Practices

I still practice smudging because I find it is a form of therapeutic intervention. Singing my songs has been very therapeutic for me. (Awakened Spirit)

Several participants discussed the therapeutic benefits of engaging in diverse cultural practices. Chanting, drumming, and singing were described as very grounding and soothing activities. One participant recalled how singing was his go-to activity when he was triggered. Similarly, another participant recognized the music of her cultural background as very healing. She explained, *“It’s like Rammstein is the background music for that journey of my life... When I hear him singing, I know how I could sing that to soothe myself and it’s very powerfully linked to that identity piece”* (Culture as Free Choice). The songs and lyrics were meaningful because they represented the men in her family. Learning how to play the guitar and listening to cultural songs about love and romance were helpful for this participant.

Participation in cultural events and ceremonies created opportunities for social connection with others. Being able to learn and speak their native language with Elders and other community members was also very healing. Many participants engaged in the cultural practices of ‘other’ and found those experiences to be extremely powerful and healing. One participant shared, *“There was some really rigid First Nations traditional practices that helped me get through”* (My Inner Warrior). Participants from diverse cultures frequently engaged in First Nations healing practices such as smudging, Sweat Lodges, and traditional fire burning ceremonies.

Professional Services

This category focused on the unhelpful and unsafe experiences in professional settings. All of the participants identified negative experiences with various helping professionals. A number of service issues created barriers for participants to receive support in their recovery.

Unhelpful Experiences

Some of the therapy or the psychologists or psychiatrists that I’ve had did absolutely nothing for me. (Suffering into Art)

This major theme focused on unhelpful experiences across the helping professions. The participants described a lack of connection with certain doctors and psychiatrists and the struggle to explain or advocate for their needs. One participant explained, *“I did not feel that I was able to connect with any doctors in the medical system. I tried the doctor I had and the walk-in doctors and truth be told you need help to explain what is going on”* (Culture as Free Choice). At times, individuals with mental health concerns struggled to communicate their symptoms to professionals. On the contrary, some participants described professionals who lacked communication skills or did not ask relevant questions to accurately diagnose the presenting

symptoms. For example, *“It would have been really nice if some doctor asked the question about sexual abuse. Maybe I still wouldn’t have done anything until much later or completely denied it because everything was repressed, but it might have triggered something”* (Achieving Wellness). This participant wondered whether her treatment experiences would have been different had any doctors asked her questions about a trauma history.

Unsatisfying professional experiences occurred in situations when individuals were not given adequate information on the services they were referred to. For example:

I didn’t really know anything about her or who she was but I went in there and the first thing she did was give me an instructional video on Prozac and recommended that I go on this drug. That was the last thing I would have wanted or needed at the time. (Safety in the Wild)

Oftentimes, these experiences were discouraging and reinforced to the participants that they were not going to receive the services they were in need of, negatively affecting one’s willingness to seek out professional support in the future.

The participants described professionals as lacking empathy, being disrespectful at times, and taking on the expert role. One participant shared her experience of meeting with a psychiatrist who had no interest in hearing about her experiences or why she was seeking support. This response was viewed as an odd and uncaring reaction from a professional. Helpers who took on the expert role were often dismissive of participants lived experiences. As such, participants did not view this approach as helpful in their recovery. For example,

When it comes to working with professionals, I’m very aware that it’s not going to work for me if I’m faced with someone who puts themselves above me, “I’m the psychologist and you’re the client.” I will be talking about extremely personal stuff, so I need to feel comfortable with that person to start with. (Achieving Wellness)

Professionals who discounted the effective and non-traditional practices individuals were using, reflected the harm that helpers can cause.

There was a range of mental health services that the participants perceived as unhelpful and ineffective in their healing. One participant shared her experience, *“I’ve been to treatment. It worked to an extent, but it was just a band aid solution to get away. When I went to treatment the first time it was to get away from the sex”* (Carry On). She acknowledged that treatment provided a break or escape, but it did not resolve deeper issues related to her trauma. Certain groups and one-on-one individual healing experiences with counsellors, psychologists, and psychiatrists were viewed as unhelpful by some of the participants. In addition, issues related to the pacing and termination of counselling services was brought forward. One participant explained, *“The counsellor was so laid back that I kind of wished that he would actually get to the point once in a while... Sometimes I wished he would not waste my time so much”* (Choose to be Different). This participant acknowledged that he was getting bored towards the end of therapy and thought it would have been helpful if the counsellor suggested ending services.

Lack of Safety

One of the things that she suggested was that my mom and I do counselling together and I just recoiled from that suggestion completely because I thought how on earth would that work? I don’t think you can abuse your own child without having some kind of severe mental illness because that is completely going against all our instincts as humans. (Safety in the Wild)

The issue of safety was commonly addressed by several participants as they reflected on their experiences of seeking out support. One participant discussed how easily her doctor prescribed medication but provided minimal information and no follow-up. This lack of continuity was perceived as unsafe. She explained:

The doctor was so quick to give me the depression pills, but no one checks on you. That should be part of the process. I’m giving you these pills. These are the side effects and I’m phoning you in 24 hours. I did not have that. My doctor doesn’t even know if I finished the treatment. I haven’t been there in a year. It was a really unsafe thing because I had been depressed for many years and I never had those feelings until I had that medication. (Striving for Change)

Individuals who attended healing retreats or residential treatment centres discussed safety and trust issues due to unexpected changes in the schedule or the conduct of staff. One participant reflected on her experience of leaving treatment abruptly, *“I ended up leaving. I got myself out of there because after that, the staff’s power and control seemed to get worse and it lost all trust for me. This could be a hippie retreat or cult for all I know now”* (Culture as Free Choice). Safety issues in a therapeutic context included being triggered by the counsellor’s mannerisms as well as suggestions for therapeutic work with the offender.

Another key issue highlighted by the participants was the differences in cultural values and the problems with culturally inappropriate or unsafe practices. Professionals who lacked understanding of diverse cultural worldviews or suggested interventions that were not culturally sensitive were viewed as ineffective. One participant acknowledged how the Western world values a ‘quick fix’, which was not congruent with her cultural values. Similarly, another participant discussed her concern with Western practices, *“I don’t think the techniques used by psychologists really help in terms of my people. We just have different ideas about healing”* (Strength in Community).

Service Issues

One, in the part of the world where I come from there is inadequate counselling. There are not good centres or resources. (Letting Go)

This theme addressed a range of service issues including continuity of care, accessibility to services, and suitability to needs. There was often limited follow-up for medical services and no care plan put in place for individuals leaving residential settings. One participant shared, *“I was only supposed to be in treatment for 30 days, but I committed to more. I was put back out into the world. That wasn’t great. I never went back to addictions or anything like that, but I*

didn't have the safety net and I had no one. I still felt alone" (Finding Myself). For individuals without a strong support system, this lack of continuity of care was viewed negatively and had the potential to create further risk.

Groups or programs offered during daytime hours were not possible for some people, *"Sometimes they are offered during the day which is a bit of a barrier"* (Strength in Community). Additionally, the participants reported gaps in services as well as limited resources and information for trauma survivors. For example, *"A few years ago I remember googling adult survivors of child abuse or something like that and the only thing that came up was a community support group in Australia. I was hoping to find something local and nothing came up"* (Safety in the Wild). Two participants suggested the importance of advertising programs and services for trauma survivors within the community, such as public bulletin boards as well as on the internet. Further to this, participants acknowledged the need for additional cultural resources and access to culturally sensitive and appropriate services.

In this theme, several participants discussed the expense of services and the lack of funding for diverse healing practices. The high cost for therapeutic services, specialized treatments, and alternative practices was commonly reported. Some individuals acknowledged the benefits of therapy but were unable to continue accessing support because of the cost. For example, *"The best thing I found for my daughter and me was horse therapy. I wish I could do it again. It was expensive and I can't afford it"* (Striving for Change). Alternative practices such as massage therapy and holistic medicines were too expensive to utilize regularly. Some individuals described conventional medicine as ineffective and because of long wait times for treatment, participants sought out non-traditional healing practices. However, alternative practices were not covered under medical plans so participants had to pay for the treatment. The lack of funding

available for traditional practices created barriers for individuals to receive treatment they perceived as helpful in their recovery.

Therapeutic Practices

This category included diverse therapeutic practices and experiences that were helpful for trauma survivors. The participants reflected on supportive therapeutic relationships as well as conventional and alternative practices that assisted them in their healing.

Therapeutic Relationship

So in terms of the relationship with the therapist, those where very helpful things; no walls, no pedestal, and her really working hard at helping me empower myself. That was so huge.
(Achieving Wellness)

In this theme, the participants discussed the healing qualities of therapeutic relationships. Being in a safe and nonjudgmental environment created space for healing to occur. The participants valued personality traits and communication styles of certain helping professionals. Counsellors who could relate and connect on a personal level was important for some of the participants. The characteristics of helpers that stood out most for the participants were those who were caring, compassionate, nurturing, honest, and open to listening. For example, *“The counsellor was very calm and open to listening. You can tell him the stupidest shit and he doesn’t even react to you. It makes you feel open to say stuff and that really helped”* (Choose to be Different). Having someone to listen and validate their experiences was meaningful for some individuals. In some cases, this was the first time they felt believed and cared for. Individuals were willing to open up and engage in the therapeutic process once safety was established in the relationship. With the heavy content often discussed in therapy, one participant appreciated the counsellor’s approach, *“She was really funny, so she brought humorous stuff into it too which helped. She had like a no shit approach, but she also told the truth and it was funny”* (Safety in

the Wild). Once a trusting therapeutic relationship had been established, there was room for future work. Participants who felt supported in the context of a therapeutic setting sought out other counsellors for further support or returned to the same counsellor years later to reconnect with and update.

Approaches and Interventions

The somatic work, the inner dance, the chant, or when I quiet the mind and just be. Honouring me, finding the stillness in this body, and the healing warmth that is created when we move. It's not a dance of steps; it's a dance of, "What needs to move today?" It is a type of moving meditation which allows you to release where it is stuck. You have to be settled and grounded. I've done the work so I know how this transformation can go. (Suffering into Art)

This theme included various therapeutic approaches and interventions which assisted all of the participants in their healing journey. Differences existed in the participants' preferences between individual and group healing practices. Some sought out informal supports and others engaged in more structured treatment approaches. Psychoeducation on the effects of trauma, power structures, and the signs of abuse and control in relationships were viewed as helpful. In addition, learning about different worldviews and situating violence and trauma in a larger context provided validation and understanding about past experiences. For example, *"One of the key things I got out of the counsellor was understanding that none of this was really personal. That it actually has nothing to do with me as a human being"* (Safety in the Wild). This participant realized that the violence she experienced was rooted in larger historical and social contexts, which was helpful in making sense of her experiences and moving forward in her healing.

Talk therapy helped some participants gain awareness and insight into their experiences. Individuals learned to listen and hear themselves in dialogue with a counsellor. Through communication and reflection, they were challenged to consider their experiences from a

different perspective and identify things they may have not been aware of. One participant acknowledged that once he identified the source of his problem, then he was able to move past it. Learning about triggers and trauma responses was important for some individuals. *“And being able to look at my past and understand what triggers me. Understand what was missing out of me, out of my heritage, and to change how I react when I’m triggered”* (Awakened Spirit). These reflections and learnings were important in developing new coping strategies to manage triggered responses.

The benefits of self-dialogue and inner child work were highlighted by some of the participants. Being in dialogue with one’s inner child facilitated the reconnection to self. *“You can really feel in your body when you are speaking right back to that part of yourself because it is unconscious, frozen, and timeless”* (Culture as Free Choice). These types of experiences encouraged self-compassion and helped participants recognize the innocence of their younger self. One participant shared her experience, *“At one workshop, I was guided to have ‘big me’ take care of that ‘little me’ and promise her that she will never ever leave her stranded or abandoned anywhere ever. So with that promise it just went from there onwards”* (Suffering into Art).

Participants engaged in experiential therapies, such as Equine-Assisted Therapy. One participant recalled her experience, *“The therapist did like a regression session, telling me to look at the horse and let my problems run away from me. She told me every time you feel like you cannot do it, look at the horse and he’s just running”* (Striving for Change). Although this individual only participated in a couple of sessions, she acknowledged it was the most useful therapy she tried. For another participant, it was the somatic work that was the most healing for her. She explained:

The movement is what saved me because I got into my body and was powerful. I didn't know I could dance that way and it's not a dance of steps and choreography. It's my dance. It's my unique dance and it changes every time I enter this dance floor. The body has wisdom, all we have to do is listen. So bring your attention and your awareness back to yourself and learn from the body and what it has to offer. (Suffering into Art)

This holistic approach to health and healing focuses on the mind-body connection. It is through physical movement that the trauma the body is holding can be released and healing can occur.

Some helpful interventions included dream work, grounding, mindfulness, meditation and hypnosis. One participant acknowledged the long-term gains of practicing hypnosis on a regular basis, *"It's like my brain has developed a new pathway for hypnosis over the years. The more I've travelled it, the more it helps me"* (Achieving Wellness). Participants also engaged in work on positivity, confidence, and boundaries. The work of Gabor Maté, Gordon Neufeld, Peter Levine, and Carl Jung were all viewed as extremely helpful resources. In addition, trauma-informed counselling and feminist ideologies and practices were identified as useful models for healing and recovery.

Informal supports such as Alcoholics Anonymous, peer support, woman centered spaces, self-help books, and helplines were also mentioned. Peer support models were viewed positively by some of the participants. *"I think it is from sharing lived experiences with people who can relate and who may be at a different place in their journey"* (My Inner Warrior). Being able to connect with others who had similar experiences was meaningful because it provided social connection and validation for one's experiences.

In addition to the various therapeutic approaches, two participants acknowledged the benefit of taking psychotropic medications to treat psychiatric disorders and manage stress and sleep problems. One individual explained, *"I am already doing everything I can to help myself in therapy. I'm using all the tools in the world"* (Achieving Wellness). The next step was to go for

medication on a short-term basis. The medications helped alleviate symptoms and improved their overall level of functioning, *“Yup and I got better. I started taking my pills. I’m here now”* (Carry On).

Alternative Practices

I started working the Eastern medication... I’ve been reading about yoga, Reiki, the stones and rose water. (Carry On)

This theme included diverse healing practices that do not fall under the umbrella of conventional treatments. These holistic practices included massage therapy, nutritionists, Shamanic medicine, and Eastern practices. Some participants spoke about making lifestyle changes, such as changes in their diet and the use of organic products or natural medicines from the land. One participant recalled how conventional medicine was not relieving her physical symptoms, so she turned to alternative practices. *“With time, I continued doing all kinds of alternative treatments and so it all helped. I did everything I could from Shamanic medicine to nutritionists, but it was all physical stuff”* (Achieving Wellness). The participation in yoga and Reiki as well as energy work from a spiritual healer were all viewed as therapeutic and healing.

Safe Coping

I’m working on those new pathways with the hypnosis, meditation, writing, calling the crisis line, and talking to someone. Meeting with the therapist once a week to talk. Playing my violin is helpful. Not always, it can be triggering too, depending where I’m at, what the trigger is, or what I’m remembering. (Achieving Wellness)

The theme of safe coping was prevalent in all of the stories as participants identified healthy coping strategies to manage current stressors and reduce trauma symptoms. These activities reflected safe ways to redirect attention, manage difficult emotions, and reduce tension. Physical activity was useful in releasing negative energy and improving mood. Participants found enjoyment in various activities such as dance, running, weight lifting, snow shoeing, and

kayaking. The importance of incorporating regular exercise to release built up anger and stress was also highlighted. Helpful mental coping activities included reading, writing, studying, art, and music. These activities shifted the focus off of trauma memories and grounded individuals who were dissociative or triggered. Expressive modalities such as art, writing, and singing provided participants the space to process painful feelings and experiences in a safe way. Individuals also discussed keeping busy and being structured as helpful coping strategies. One participant shared:

I'm so busy all day long between work, the kids, school, my volunteer activities, teaching, and dance classes. There is no day that I'm free to say, "I'm not going to do anything." The day that I have nothing to do, I find something to do at home. I clean everything.
(Striving for Change)

The importance of self-care plans and eating healthy, drinking water, and getting plenty of sleep was also addressed.

Nature was described as protective and healing for some of the participants. One individual reflected on the safety she experienced when out in the natural environment. She acknowledged being happiest when she was exploring landscapes and far away from urban stimulations and other people. She explained, *"I love that because there are no reminders of all the horrid stuff that happened and you can leave everything behind when you walk into a beautiful forest and go for a walk"* (Safety in the Wild). This individual viewed nature as the most instrumental factor in her healing and recovery. Feeling connected to the land and being out in natural areas created feelings of peace and safety for some individuals. One participant shared, *"Recognizing that role of reconnecting with your natural environment and how it is so instinctively grounding and healing. I think it's the green grass, smelling the air, and the natural light"* (Culture as Free Choice).

Relationships

This category focused on interpersonal relationships and positive social connections that created healing for the participants. Healthy and supportive relationships provided opportunities for renewed trust in others and safety in relationships. Participants acknowledged the benefits of reciprocity, as many of them discussed the healing associated with reaching out and helping others.

Reaching Out

I really love talking to people and talking about my experiences. (Letting Go)

In this theme, the participants recognized the value in reaching out and connecting with others. This included reconnecting with people from the past as well as relying on friends or partners during difficult times. Some of the participants recalled reaching out to others when feeling alone, depressed, or in need of help. For example, *“I always have someone to reach out to when I can’t do it on my own. I contact whoever and say, “I need help. Get me out of here.” There is going to be someone who understands”* (Striving for Change). By talking with others and sharing their experiences, individuals noted positive changes in their mood and outlook on life.

For one participant, the reconnection with a supportive family member provided some sense of closure from the past.

I was able to find him. We had exactly three months of reconnecting and I was able to understand why I was so frantic to find him. There were parts of me that didn’t understand why everybody went away once the abuse became known and that’s what he symbolized for me. Once those charges were laid, that branch of the family just disappeared and we never visited and we never got to talk about them. (Culture as Free Choice)

Having time to reconnect and process childhood experiences with a safe person was healing for this individual.

Healthy Relationships

I was honest with how I felt about her. What she said to me back, it just grasped me and took a hold. That was probably the third part that really pushed my healing even further with my trust with women and my trust in men. (Awakened Spirit)

This theme focused on the trusting and healthy relationships the participants developed as adults. These types of relationships were with friends, partners, children, colleagues, and helping professionals. The renewal of trust emerged in the context of healthy and safe relationships. One participant shared, “*For me to trust and to allow that to happen, it was pretty spectacular. I felt love and I felt open for the first time that day*” (Finding Myself). Participants described feeling supported, encouraged, and believed in by others. Healthy relationships were characterized as open, honest, respectful, and emotionally and spiritually supportive. Some participants allowed themselves to be vulnerable in relationship with others by being honest about their feelings, desires, and goals in life. Individuals also discussed how healthy relationships influenced them to make positive changes and motivated them to keep moving forward. For example:

I owe a little honour to my partner, just having her not physically there, but emotionally and spiritually. Even if it was just communication through the phone, it was enough for me to keep my head on straight, to keep my drive in the right direction, and she opened my eyes up to what I want in life (Awakened Spirit).

Helping Others

Now I just want to give back and share my story because I know that there are youth and even adults out there who probably need a peer mentor. Someone to help them and give them uplifting words, even referrals to services. (Awakened Spirit)

The majority of the participants discussed their motivation to help others or give back in some way. Some recognized how sharing their story assisted others in their healing journeys.

The experience of connecting and encouraging others through storytelling was very powerful.

Advocacy for other people was another way in which some individuals found healing in their journey. Participants were passionate and committed to advocating for their children, communities, and other trauma survivors. *“I also speak up for other domestic violence survivors and I get community backlash, but that’s something I just take full charge of”* (Strength in Community). This reflected the commitment to end violence and support others who may not have been as far along in their healing journey. Additionally, some individuals chose career paths in the helping professions and have dedicated their professional lives to supporting other survivors and creating positive changes in their communities. Others were motivated to help people through volunteer work and peer support. For example, *“I take some time to talk to this person and just listen. So many people just want to cry, so let them cry on your shoulders. Don’t tell them to stop”* (Letting Go).

Personal Growth

This category focused on experiences of personal growth and change. All of the participants reflected on what they learned from past experiences, their successes, and shared plans for the future.

Gaining Insight

The thing that has helped me a lot is to understand my situation because I want to fix it for the future to help someone else. That’s my goal. To fix what I have to fix. Now I know I’m not the cause of the abuse. I was a victim. (Striving for Change)

The theme of gaining insight was prevalent in all the stories as participants reflected on new understandings about their experiences of trauma and healing. As adults, many of them were able to reflect on the past and have empathy for wounded caregivers or those who harmed. One participant explained:

My dad had a lot of emotional issues with being able to be happy for his kids because of the damage in his own relationships with his parents. Some of it I think was pretty

obvious and more of it just became more obvious with time. I think those elements for healing as you go into adulthood are very helpful because you don't need to be angry if you can understand, "Okay dad, I can understand why you couldn't love me. I can see why you ended up where you did in your life." (Culture as Free Choice)

When those types of understandings emerged, participants were able to let go of some of the hurt and anger. One participant shared that part of his learning involved understanding the changes he had to make so he wouldn't continue to experience further trauma.

Many of the participants discussed how new life experiences helped them make sense of the past. For example, the knowledge gained from positive and negative life events facilitated healing. Some described a shift in their attitudes and beliefs that came with age and maturity. By learning from others and reflecting on past mistakes, individuals gained awareness of how past actions reflected the wounded self. With better understanding of their triggers and trauma responses, some of the participants were more accepting and compassionate towards themselves. Healing and recovery was described as a learning process and a lifelong journey of trial and error. One individual reflected on new understandings of her healing journey. She explained, *"I realized I was looking for somebody to make it better or to fix it. There is no one. I am the only one. It is becoming more and more apparent over this last year that nobody can fix me. I was foolish to believe into a system. It doesn't exist"* (Finding Myself). The participants realized that they cannot be 'fixed' or 'cured' from the trauma. The wounds heal with time, but there are lasting effects as one individual referred to them as scars. Several participants acknowledged that their healing is continuous. Yet, there are times in life when it is not the main focus. For example:

I've learned with time, that there is a time to do this work and in between that to be able to focus on other things in life that you have put on the back burner. It's pretty tricky at first to be able to separate the two and say, "Okay, there's a time to do your therapy work." It happens here and it happens there. (Achieving Wellness)

Positive Experiences

When I was a good girl at school and I worked hard, then I saw that school could be my pathway out. University was also very healing and I loved grad school. (Culture as Free Choice)

This theme included positive life experiences associated with education, employment, and personal achievements. Several participants valued their post-secondary education and acknowledged the healing aspects that came from supportive educators, gaining knowledge, and being part of a school community. Professors were described as understanding and empathetic of the participant's personal lives. They were also viewed as positive mentors who challenged students to excel. The knowledge and skills attained in post-secondary education was invaluable as highlighted by one participant, *"I'm using the tools that I learned to help me when I'm having problems. I don't compartmentalize all that I learned in university. I learned all those skills and then if I can use it in my life, great"* (Choose to be Different).

The school environment provided social connectedness with different support services and networks of peers. One participant acknowledged how, *"School always brings people together"* (Letting Go). Attending college or university created opportunities for participants to meet different people and learn from others. The achievement of personal goals and experiencing success in school helped build confidence for some individuals. One participant reflected on how he felt proud when he passed courses and attained good grades, which motivated him to continue working hard and set higher goals.

This theme also included the success and fulfillment participants experienced in their careers or past jobs. Work was often described as meaningful and enjoyable. One participant shared, *"What I'm doing for work is really important to me"* (Safety in the Wild). The completion of work tasks and being supported by colleagues or employers was important for

some participants. Individuals were grateful for different job opportunities and appreciated having a paycheck and being able to work.

Separation from those who harmed

When I was in my late teens, my stepdad just left my mom. I think by him leaving that gave me healing because I didn't need to deal with that mentor again who was causing those bad habits, those negative things, and those things that made you feel bad. (Choose to be Different)

The participants recognized that distance or complete separation from those who had harmed them had positive effects on their well-being. Having physical distance or no contact at all with offenders was necessary for some individuals to establish safety in their lives. Some were unable to terminate relationships completely, but took steps to limit contact. Participants ended abusive relationships or moved away from home communities in an effort to move forward in their healing. Education and work provided opportunities for some participants to relocate and remove themselves from family members who continued to assert power and control.

Two participants recognized a shift in their sense of safety with the passing of those who harmed. *"I would say that certain kinds of safety didn't come until both the abusers had died. My dad was not a full out abuser but he held that energy. He safe guarded that space so that same stuff could still flow in"* (Culture as Free Choice). This individual acknowledged that the future would be different for her family because the control and negativity ended with the passing of her father. Similarly, the death of an offender provided another participant with the space and freedom to be able to take chances and move forward in her healing. For example:

I have taken the time to see the beauty and the awesomeness in people or things or actions. So that comes from the year after my brother passed away. That's why I keep thinking that him dying was a gift to me just because now I am finally able to stop or take chances. I'm letting go of my personalities. (Finding Myself)

Sharing Story

I felt that the story had to be told, so I didn't suppress it inside. I told anybody who would listen. I told anybody who would hear and comfort me and love me and hold me. To feel that I was worthy. (Suffering into Art)

In this theme, several participants recognized that sharing their story was important in their healing journey. For some individuals this occurred early in life, whereas others did not share their experiences until much later in life. One participant recalled speaking out about the abuse from a young age, *"I was the teenager that other kids would gather around and they'd come to me for help. I think it's because I would talk about my own experiences and was able to listen to theirs. I believed in that model of sharing and connecting"* (My Inner Warrior). This individual acknowledged the value in talking about difficult experiences with others.

The participants shared their stories in different settings such as reporting to the RCMP, talking with a counsellor, sharing it in a private ceremony, telling anyone who would listen, or giving it back to the universe. One participant recalled how her story became easier to tell over time. She reflected on her journey:

I see growth in me where I couldn't ever tell my story in the last 10-20 years without tears or frustrations or a hyperventilated cry. Where I felt lost and I had to kind of shut down and my body would be sore. My eyes would be sore. My jaw would hurt. Now I'm able to share it and state it as a story but I don't have to own it anymore. It's the past. The drama ends when I end it, when I stop entertaining it. So I try not to tell it over and over, but being in service to others so that somebody can benefit. (Suffering into Art)

There was recognition that it may not be healthy or helpful to continue to revisit the past, but there was some benefit to sharing their experiences to help others. Other participants acknowledged that sharing their story with others in the future will be part of their healing journey. One individual realized that she was not currently at a place where she felt strong enough to talk about her past publically, but she is motivated to share her experiences with others to help them in their healing journey.

Honouring Experiences

The pain is old now and I can honour it. Without that pain, I wouldn't be here. (Suffering into Art)

An important part of healing and recovery involved honouring and validating one's experiences of trauma and loss. There were many losses associated with early and repeated trauma. Participants reflected on the loss of innocence and feeling safe or protected. Many missed out on carefree childhood experiences such as movement and play. The loss of relationships and trust in others reflected major losses for many of the participants. The recognition and honour of painful experiences allowed participants to move forward in their healing. One participant discussed her commitment to honour her experiences and what she has survived. *"So part of the deal to get myself to where I am today is living in my truth and doing what I can with what I've learned through what I've survived"* (Culture as Free Choice).

Equally important was honouring the participant's efforts and commitment to their healing and recovery. It was important to celebrate their successes and growth over the years. One participant shared, *"I'm really fortunate now because I have a really lovely balance of professionals in my life who honour my personal experiences and really work well with honouring all of the ways that I have healing in my life..."* (My Inner Warrior). Many participants reflected on their hard work and the positive changes they have made in their healing journey.

Reclaiming Power

Instead of me becoming the victim, I transformed that to I am not the victim. I am not wrong. I am innocent. I had to chant that to really own it and believe it. (Suffering into Art)

Several participants discussed situations in which they had taken back power and control in their lives. Accountability and choice were important in reclaiming power. For example, *“I think a big part of my healing is knowing that I have choices... I became aware of the choices and that you can actually create yourself in a way you want to create. There’s that freedom”* (Choose to be Different). There was recognition of having choice in how one lives as well as how much influence the past has over one’s current functioning. The participants frequently spoke about taking responsibility for their actions and making active choices in their healing and recovery. Individuals were empowered to make decisions about treatments that were in their best interest. One participant shared an experience in which she was able to physically remove the barriers to her healing.

But once the obstacles are gone, the unconscious will give you what you want. I had exactly enough energy to dismantle the entire building. It wasn’t super big. It was a cabin, but I was able to dismantle the whole thing. I knew that it was a personal healing thing. This place wasn’t going to be my cancer. I was gonna be its cancer. I was gonna pull this thing apart from the inside out. (Culture as Free Choice)

This individual physically destroyed the home where the trauma took place, which was a very powerful experience in her healing journey.

In this theme, the participants also reflected on the difficult task of setting limits with others. This was described as a learned skill that developed over time. One participant explained, *“It’s finding that strength of standing up to someone, “No, that’s not how it’s gonna be.” I’ve never been like that up until this past year”* (Finding Myself). Participants discussed creating boundaries in relationships with their parents, partners, children, friends, and employers. Setting boundaries was important for the participants to take care of their own needs and protect themselves in relationships. Individuals recalled having to set limits when dealing with conflict in relationships. Some described how they were no longer willing to compromise their values,

beliefs, or health for others. Some of the participants acknowledged how standing up for themselves and challenging others was instrumental in their healing. One participant shared:

I used to rage and cry, so I wasn't hurt. Now I've gone back to this connected, rooted voice that says, "What you are doing now isn't going to work." And I've said, "I won't allow it and I won't give you the power to continue to hurt me." That comes over time. (Suffering into Art)

This individual recognized that it was difficult to make those changes. It took years for her to believe in herself and have the courage to stand up for herself.

Ending the Cycle

My hope for my kids is for my daughter to understand that abuse is not okay and for my son to know that hitting people is not okay. The reason I left my marriage was I didn't want my son to be the one protecting mom and my daughter being quiet because that's what a woman has to do. (Striving for Change)

All of the participants took steps to end the cycle of trauma and abuse. Given that the trauma most often occurred within the family system, the participants did not allow the abuse to continue for future generations. One participant recalled, *"We weren't gonna let my dad have it like his dad had it. It was like catching a predator in a sense because you know which doors he was going to try to go through. Whether we were collaborating together or not, we had locked every exit"* (Culture as Free Choice). This individual acknowledged how she and her siblings put an end to the intergenerational sexual violence in their immediate family. Part of ending the cycle involved speaking out about the abuse within the family and being vocal in their communities. Participants left abusive relationships or stood up to controlling partners, shifting those unhealthy relational patterns.

Parenting styles were often influenced by the way participants were raised and their experiences of trauma. Those who had children spoke about raising them to be heart-led and instilling values that did not condone violence and harm. One participant reflected on the

education and gifts she gave to her children so none of them went on to offend or harm. She acknowledged how her children were in control and fully participating in their lives. Some participants reflected on parenting differently than how they were raised. For example:

That same father, he used to beat me and he asks me, "What am I doing or what am I feeding my kids that they are so attachment-based? That they're so connected." We're friends. I am their mother but I am also their buddy. We play together. We have to collect our children before we direct them. (Suffering into Art)

Shifting the future for children also involved introducing them to healing practices at young ages, so they could learn healthy coping strategies and be on the path to healing much earlier in life.

Acceptance

Now there is this vibration that sings in me, that no more, I refuse to be numb. It's not an attack of anger or anything, it's just a surrender and an acceptance that "wow, you, this body has given so many the opportunity to do their dirty work." They have to own it and they have to live with it. (Suffering into Art)

In this theme, the participants discussed coming to terms with the trauma and the journey that followed. There was recognition that the past and the harm done could not be changed. It took courage to accept what happened and continue on with the next steps in life. One participant shared, *"The expression 'suck it up buttercup' is pretty much the kind of deal I've had my whole life. I really had to suck everything up and just deal with it"* (Carry On). With time, some of the participants moved from questioning 'why me' to accepting that sometimes things just happen for a reason. With this shift in thinking, there was an acceptance of the past and a move towards letting go. Participants focused on ways to move forward, which included letting go of the pain and hurt from the past and the things that cannot be undone. One participant noted that the pain will go once you are ready to let it go. *"With our wounds and our story, we can move it aside and say, 'I'm not gonna own that anymore. Let's put that away now'"* (Suffering into Art).

Gift of Trauma

I can feel abundance even with all the losses and I just transform the losses into, it had to happen. It's like we put fertilizer in the garden so good things can grow. These challenges are fertilizer to help us grow and without that we can't. (Suffering into Art)

This theme considered how traumatic experiences shaped the participant's values, beliefs, and identity. There were specific character strengths that emerged in the face of adversity. For example, some participants acknowledged how experiences of prolonged trauma gave them strength to keep themselves safe and tackle adversities later in life. One participant shared, *"I would not have known to find that strength if I didn't go through those traumas"* (Finding Myself). Participants recognized that early experiences of trauma may have instilled positive qualities such as honesty, empathy, and acceptance of others. Growing up in homes where they often felt alone and unheard influenced participants to be empathic, caring, and willing to listen to and help others. One participant acknowledged how children and animals often gravitated towards her because of her openness and kind nature. Another participant expressed gratitude for the early trauma because those challenges provided opportunities for growth. For example, *"Sounds crazy, but I'm glad those challenges happened because I'm a better mother. I'm a better person. I'm a better healer. I'm a better being and my daughter is going to do 10 times better than what I've done"* (Suffering into Art).

Moving Forward

Years from now, I might be 80 by the time I graduate but I have this vision – I see myself working as a therapist part-time and teaching violin part-time and giving the occasional concert. (Achieving Wellness)

This theme included the participant's goals, dreams, and plans for the future. One participant explained how the past was focused on recovering from the trauma, whereas the future represented reconnecting with old dreams and pursuing new adventures. Participants were

able to focus their energy on life tasks rather than their recovery. Many individuals spoke about being at a place in their lives where they were faced with big life decisions and exciting new opportunities. Several of them had plans to pursue further education and had aspirations for future work. There was hope and enthusiasm for the next steps in life. One participant identified goals for her community and plans to expand the family unit through fostering and having more children. Other future goals included advocating for others, taking care of personal needs, and continuing on their healing path:

I do feel my healing is continuous on a day-to-day basis where there is still room for improvement. Just having that at the back of my mind helps me become a better person every day. (Awakened Spirit)

Summary

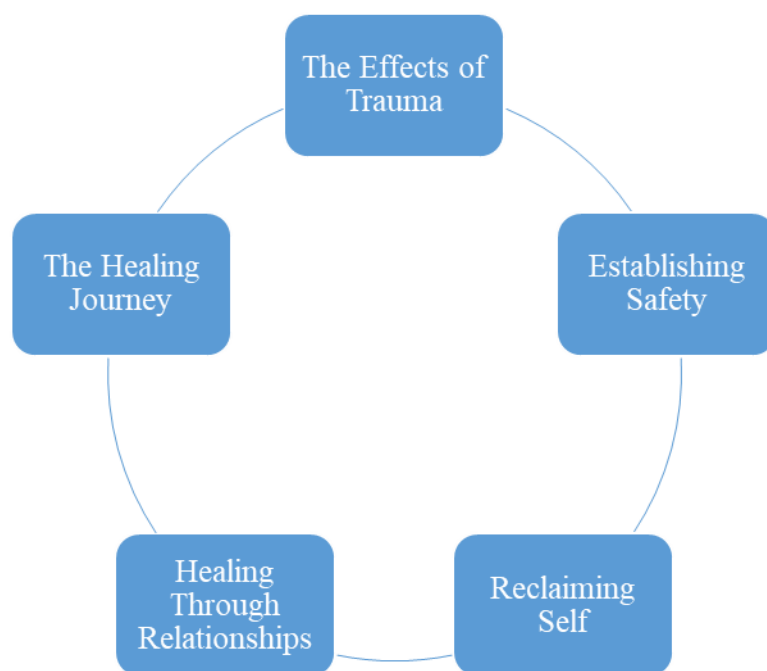
Phase Two included a categorical-content analysis of the narratives to add depth and provide a detailed understanding of the hindering and helpful experiences of healing and recovery. The categories and themes reflect the integration of the participants' words and my interpretations of the meanings of their experiences. Chapter Six provides a summary of Phase Three analysis, highlighting the metathemes that reflect the common patterns and connections between all of the participant's stories.

Chapter Six: Metathemes

Phase Three analysis focused on the overarching issues woven through all the stories that were not evident in the earlier phases of analysis. The metathemes highlight the major connections that emerged in all of the participants' stories. Considerable time and care was taken to reflect on and analyze the data globally to get a deeper understanding of the broader issues among the stories. Five metathemes were identified and will be summarized in the following sections: *Trauma Effects*, *Establishing Safety*, *Reclaiming Self*, *Healing through Relationships*, *The Healing Journey*.

Figure 2

Overview of Metathemes



Trauma Effects

In every story, the effects of trauma were presented as pervasive, multilayered, and enduring. With the experience of early and prolonged trauma, there were long-term consequences on each individual's overall health, identity, and interpersonal relationships. Concerns with their physical, mental, emotional, and sexual health were commonly expressed, with the severity and longevity of the symptoms varying among the participants. Misdiagnosis and the experience of receiving multiple diagnoses were problematic for some individuals who did not receive adequate treatments to relieve presenting symptoms. The physical consequences on health ranged from acute somatic complaints to chronic and life-threatening illnesses, which adversely affected individual's mental and emotional well-being. Posttraumatic symptoms varied in intensity, but most often involved ongoing sleep problems, intrusive memories, flashbacks, and persistent fear for safety. These symptoms had consequences on daily functioning and the participant's ability to cope and self-regulate difficult emotions. The ongoing struggle to manage feelings of anger, anxiety, depression, and guilt was commonly experienced by the participants and over half of them reflected on past thoughts of suicide. The unsafe coping practices and risky behaviours that the majority of participants engaged in created further victimization and traumatic experiences later in life. The constellation of symptoms was more complex and difficult to overcome for those who experienced prolonged and repeated traumas in childhood and well into their adult lives.

One of the key issues woven throughout the narratives was disconnect within the self and the formation of identity. Shame, lack of confidence, and negative feelings of self-worth had lasting harmful effects on individual's sense of self and ability to connect with others. It was difficult to shift those destructive internal beliefs which stemmed from early trauma and were

reinforced by the reactions or lack of reactions from caregivers who were responsible to protect and keep them safe. All of the participants described interpersonal problems such as ongoing trust issues, codependency, and abusive relationships. Struggles with sexuality, intimacy, and communication had negative effects on relationships. Some participants acknowledged how their core values about love, romance, and relationships were skewed by their childhood experiences.

A significant finding was how the early experiences of trauma shaped each participant's life trajectory. The betrayal in relationships and the overwhelming losses associated with trauma altered their worldviews and influenced their life choices. Participants most notably acknowledged the negative effects of trauma, but some also reflected on the positive effects such as the character strengths or gifts that emerged. The 'gifts of trauma' did not typically become visible to the participants until later in life and after engaging in healing efforts. The narratives reflected how early experiences of trauma helped the participants grow and motivated many of them to make a difference or help others. These positive effects of trauma are important to highlight and may be valuable to emphasize and build on in supporting trauma survivors in their healing and recovery. All of the stories illustrated the struggles in navigating the long-term effects of trauma as well as the lifelong commitment towards healing and recovery. Each participant's journey through life was impacted in some way by their childhood experiences of complex trauma.

Establishing Safety

All of the participants interviewed shared ways in which they have brought safety into their lives. The journey to safety reflected a fluid and dynamic process that evolved as participants moved through different stages of the life span. Physical and emotional safety developed over time, most often with maturity and life experience. One of the most fundamental

tasks in creating safety involved taking care of their basic needs. This included eating healthy, getting enough sleep, and securing stable housing. Participants took steps to remove physical and emotional safety concerns, such as relocating to different communities, ending abusive relationships, and having little or no contact with unsafe people. In addition, participants redefined unhealthy relationships with others by setting boundaries and being more assertive. This was integral in creating safety in relationships and decreasing their risk for further victimization.

Seeking out supports and engaging in various healing practices was significant in establishing stability. With the acquisition of new skills and knowledge, participants were able to integrate those learnings into their daily lives. Individuals were guided to act in ways that were consistent with their values and beliefs, which helped repair their relationship within themselves. The integration of healthy coping strategies and cultural practices helped all of the participants manage current stressors as well as persistent trauma symptoms. These safe coping practices replaced past coping attempts such as substance use, sex, and food which had negative effects on their mental health and well-being. For those who struggled with substance use, sobriety was an important element in minimizing their risk for further trauma. The reduction or elimination of self-destructive behaviours was necessary in sustaining safety.

Reclaiming Self

A pattern across every story of healing was the reconnection to self and one's identity. The exploration and search for 'Who am I' was a journey that some were still engaged in. The participants spoke about moving beyond the 'wounded self' to discover their true selves and who they were meant to be. This process involved an acceptance of the past and not allowing the trauma to define them. The reclaiming of self was described by one participant as letting go of

the personalities and being honest with who she was. This exploration of the self involved curiosity, commitment, patience, courage, and kindness. The stories revealed how identity was deeply embedded in each individual's faith, spirituality, culture, and family. Participants reconnected with their values, community, and culture which was important in establishing some sense of wholeness.

Reclaiming power and control in the context of relationships as well as being accountable for one's actions were identified as significant for healing. The discovery of inner resources or personal strengths improved the connection to self and feelings of confidence. All of the participants reflected on new understandings of trauma and healing that they gained from life experiences and being in connection with others. This personal growth emerged by learning from mistakes, being open to change, and taking chances. The focus on goals, dreams, and plans for the future was unique to each individual and represented hope and excitement in moving forward.

Healing through Relationships

An overarching theme that emerged in all of the stories was the relational repair that occurred in the context of many different relationships. Given that all of the participants experienced betrayal in primary relationships, they also had interpersonal experiences early in life that had protective elements. Safe, supportive, or stable relationships with even one person were instrumental in buffering some of the negative effects of trauma. Although the majority of participants continued to have trust issues, they were able to experience a renewal of trust in certain relationships in their adult years. Positive interactions with partners, friends, family, children and helping professionals helped facilitate trust and security with others. Being respected, believed and validated by others had positive effects on self-esteem and self-worth.

The participants valued the importance in reaching out and connecting with others during difficult times. Having someone to listen and be witness to their experiences was healing for many. The reciprocity in relationships was highlighted by the participants' commitment to help others by sharing their story, volunteering, advocacy, or pursuing a career in a helping profession. Perhaps one of the most difficult relationships to foster involved the relationship with self. This tied in with identity but also reflected being compassionate and understanding towards themselves and learning how to care for their needs.

The Healing Journey

The participants' journeys of healing were a powerful piece that emerged across the stories. Healing and recovery was defined as an ongoing process or a lifelong journey to wellness. Two participants described healing as a process of trial and error. There was recognition of how new experiences and the knowledge gained from life lessons provided opportunities for healing and growth. The participants reflected on their commitment and diligence to continue on a path towards self-discovery and self-improvement. Although healing involved many different practices and was unique to each individual, the meaning of healing was commonly referred to by the participants as reconnection. This involved reconnection to self, spirituality, culture, and their connection with others.

The idea that healing was a very personal journey emerged as a common connection in the stories as the participants reflected on their experiences. The participants were of diverse cultural backgrounds and had different worldviews, traditions, and practices that supported them in their healing. The stories revealed individual differences in treatment preferences and how participants gravitated towards holistic and diverse healing practices. Interventions and practices viewed as helpful for one person, may not have had the same benefit or meaning for another.

Healing and recovery was a complex and distinct process deeply embedded within cultural and social contexts for each participant, which reinforced that there is not one therapeutic practice that will effectively treat the complex symptom presentation of all trauma survivors.

Summary

Phase Three analysis included the exploration of the broad metathemes that emerged from Phase Two analysis. The overarching issues represented in all of the participants' stories were summarized to get a global understanding of the key issues. Chapter Seven provides a summary and discussion of the research findings, integrating my interpretations with the existing literature and presenting new information. The limitations of the study and my reflections on the research process are also included. Suggestions for future research and implications for education and practice are discussed.

Chapter Seven: Discussion and Reflections

The stories shared by the 12 trauma survivors reflects information found in the existing literature, but also extends current knowledge by providing details on the unique and holistic healing experiences from complex trauma as well as the significance in reclaiming and reconfiguring identity as part of the healing journey. The following sections provide an interpretation of the research findings and application to the existing literature under the headings of the primary research question and secondary questions. The chapter begins with a discussion on the hindering factors to healing and recovery that align with previous literature, providing support for the need for improved treatment strategies and holistic healing practices for complex trauma survivors. The research findings specific to healing and what has worked for the participants in their healing journeys is the focus of attention for the discussion. The chapter concludes with my reflections on the research process as well as the limitations to the study and suggestions for future research and practice.

What hinders adult trauma survivors' in their recovery?

Effects of trauma: Lasting scars. Consistent with the trauma literature, this study reinforced the pervasive and enduring effects of complex trauma that extend beyond PTSD symptomology (Cloitre et al., 2009; van der Kolk et al., 2005). Many of the participants identified specific PTSD symptoms such as flashbacks, persistent fear, and a number of sleep problems including nightmares, insomnia, and disturbed sleep patterns which had consequences on their daily functioning and ability to cope. In addition to these trauma responses, the findings from this study provide support that complex trauma results in more long-term and diverse consequences in areas of affect and impulse regulation, self-perception, relationships to others

(Courtois, 2008) and unexplained health problems (Ford & Courtois, 2009), which will be discussed in the following sections.

Affect and impulse control. The loss of self-regulation may be the most significant feature of trauma (van der Kolk, 2000) as the participants of this study reported ongoing difficulties managing intense or negative emotional states, most notably anger, anxiety, and depression. Anger was described as a survival strategy to manage the pain and overwhelming losses, but it often had consequences on relationships and emotional functioning. The anger was directed towards offenders as well as caregivers and other adults who were responsible for protecting children and keeping them safe. The participant in *Awakened Spirit* identified his anger as a response to separation or lost time with loved ones, whereas *Finding Myself* acknowledged the loss of connection to self. This same individual continued to struggle to release her anger in a safe or healthy way.

The lack of self-soothing capacities contributed to ongoing struggles with anxiety and depression (Luxenburg et al., 2001) for some of the participants. Panic attacks were commonly reported, as was difficulty managing anxiety in social settings, new situations, or general life events. Some of the stories revealed situations in which individuals were overwhelmed and may have had extreme reactions to minor stressors, reflecting a heightened reactivity of the stress response system (Perry, 2009). Depression was often linked to environmental stressors such as breakups or death, isolation and loneliness. However, it was also recognized as a lifelong struggle for *Striving for Change* and a triggered response for *Suffering into Art*.

Trauma survivors may have difficulty tolerating or managing negative internal states, often leading to self-destructive or harmful behaviours (Briere & Jordan, 2009; Luxenburg et al., 2001) which was highlighted in the themes of *Risky Behaviours*, *Addictive Behaviours*, and

Disordered Eating. Several participants in this study engaged in a number of risky behaviours in their childhoods and adult years to reduce tension or negative internal states resulting from the trauma. Potentially harmful behaviours included having multiple sexual partners, unsafe sexual practices, suicide ideation, and disordered eating (Briere & Jordan, 2009). Additionally, the participants engaged in other unsafe behaviours such as standing up to the violence and abuse, hitchhiking, and a gang lifestyle. Substance use and dissociation represented dysfunctional avoidant behaviours identified by the participants that may have served as attempts to cope with overwhelming internal states due to triggers or chronic posttraumatic emotional distress (Briere et al., 2010). These avoidant behaviours were functional in reducing emotional distress and may have even been life saving for some of the participants.

Self-perception. Trauma can become a part of one's identity and subsequently may hinder one's recovery from trauma based on how the trauma experiences are perceived and understood (Berman, 2016; Brown, 2008). For many of the participants, the enduring effects of guilt, shame, and negative self-esteem contributed to a fragmented sense of self (Briere & Jordan, 2009; Ford & Courtois, 2009). Guilt and shame had negative consequences on self-esteem and feelings of self-worth. While previous research with trauma survivors associates guilt with feeling responsible for the abuse that occurred (Arias & Johnson, 2013; Draucker et al., 2011), this was not reported by the participants in this study. Instead, feelings of guilt were often linked to the participant's actions that reflected trauma responses. For example, *Awakened Spirit* and *Letting Go* expressed guilt and remorse for abusive behaviours towards others that were not congruent with their core values. Another common feature of guilt was centered on damaged or distant relationships with caregivers or certain family members. It did not appear that the participants felt responsible for the trauma they experienced; however, there was an expressed

feeling of responsibility for broken relationships or not protecting loved ones from harm or death. It is possible that the participants in this study resolved feelings of responsibility for the abuse through various healing practices and may have been further along in their recovery.

An important finding in this study was the profound effects of sexual trauma on identity and perception of self. Almost all of the participants who identified a history of sexual trauma described themselves as being fractured, shattered, damaged, or broken. These descriptors were not present in the stories in which participants identified histories of physical abuse, domestic violence, or emotional abuse, suggesting that sexual trauma is specifically linked to shame.

Finding Myself recalled feeling physically and sexually damaged because of the violations to the body, describing the disconnect between her heart, mind, and body. Similarly, *Suffering into Art* acknowledged struggles with feeling unworthy and that the damage could never be fully repaired. The fractured self also reflected the broken relationship within the self and being in relationship with others.

Another unique finding in this research included the long-term effects of emotional abuse on self-esteem. From young ages, many of the participants were criticized or humiliated by personal attacks on their intellect, abilities, and character. These negative messages from caregivers had lasting consequences on their self-worth and confidence as adults. Even with numerous successes and positive life experiences, many of the participants struggled with self-doubt and lack of confidence. These negative perceptions of self were difficult to shift and often resistant to change, confirming that early interactions with caregivers shape a child's working models of the self and world (Williams, 2006).

Relationships to others. Consistent with previous literature, the participants identified chronic interpersonal difficulties with others (Briere & Jordan, 2009; Luxenburg et al., 2001).

The betrayal in primary relationships had long-term consequences on the participants' ability to trust others (Luxenburg et al., 2001), as children internalize interactions with their caregivers which informs future relationships (Williams, 2006). Not surprisingly, trust issues emerged as one of the most persistent consequences of complex trauma and hindering to the participants healing and recovery. Many of the participants identified difficulty trusting others in the context of all interpersonal relationships. *Choose to Be Different* described a mistrust towards authority figures and he lacked trust that others were looking out for his best interest. Similarly, *Awakened Spirit* acknowledged a mistrust in others which prevented him from seeking out help.

This study revealed that trauma survivors may be more likely to seek out or remain in unstable or unsafe relationships (Briere & Jordan, 2009; Luxenburg et al., 2001). Several participants experienced further victimization as adults, commonly reporting abusive dating relationships or marriages. These individuals disclosed multiple forms of abuse that often occurred over several years. Unhealthy relationships were plagued with deceit, betrayal, and control. Additionally, some of the participants discussed fear of intimacy and being guarded in relationships whereas others engaged in relationships that were enmeshed and codependent with partners, but also extended to parents and children. Some identified difficulty in ending abusive relationships out fear that their partners would abandon or hurt them (Luxenburg et al., 2001).

Somatization or medical problems. The mind-body connection related to stress and trauma was revealed in some of the stories. With exposure to repeated and prolonged trauma, several biological systems may be affected, making it difficult for individuals to adjust their physiologic arousal (Luxenburg et al., 2001). This can result in a range of somatic complaints or health concerns as noted by some of the participants in this study. *Achieving Wellness* identified unusual and chronic physical symptoms that challenged medical explanations or treatments

(Luxenburg et al., 2001). Interestingly, this individual did not experience psychological distress for many years as she had repressed her trauma memories. Instead, she experienced numerous troubling physical symptoms that were not adequately treated with conventional medical treatment (Luxenburg et al., 2001), resulting in increased healthcare utilization (Tang et al., 2006).

The participants identified a number of health risk factors associated with early experiences of trauma. For example, depressed affect, suicide ideation, multiple sexual partners, and alcohol use all represented health risks that may increase the presence of illness (Dube et al., 2003). Consistent with other research studies, some health conditions specifically identified by the participants included cancer, sleep disorders, musculoskeletal and dermatological problems (Kendall-Tackett, 2009), chronic pain syndromes (Kendall-Tackett, 2009; McFarlane, 2010, Wegmen & Stetler, 2009), and most commonly gastrointestinal problems (Kendall-Tackett, 2009; Wegmen & Stetler, 2009).

Safety issues and significant life events. In addition to early and prolonged trauma, this study revealed a number of life events which hindered the participants' recovery and possibly intensified their trauma responses. Adult survivors of complex trauma continue to move through developmental stages and participate in new life experiences, so the difficulty many individuals face is often defined by a number of factors beyond their trauma history (Briere & Jordan, 2009). Ongoing safety concerns, major losses, and other traumas were identified as hindering to the participants healing.

Threats for physical harm by offenders or ex-partners as well as the minimization or denial of abusive behaviours compromised the safety of many of the participants (Briere & Jordan, 2009). The theme *Wounded Family* illustrated the harmful effects of not having a safe or

supportive family. The participants identified parents with mental health issues, substance abuse problems, as well as trauma experiences including intergenerational and historical trauma that impaired their capacity to parent and respond to the needs of their children (Briere & Jordan, 2009). As the participants moved into adulthood, many continued to experience further maltreatment and dysfunctional family functioning (Briere & Jordan, 2009). Family members struggling with addiction issues, abusive relationships, or engaged in offending behaviours were unable to provide safety or support. Additionally, isolation and shame perpetuated in families that denied or minimized the trauma within the family. Some of the participants discussed the burden of sharing or disclosing their trauma to family or friends which continued the silence and secrecy of trauma. Concerns for emotional safety occurred for those participants who did not receive validation for their experiences. Threats to spiritual and cultural safety persisted for those who experienced racism and discrimination.

The participants' stories revealed many painful and difficult losses which were hindering to their healing and recovery. The separation from family, culture, and community was noted by the participants who were placed in the care of the Ministry of Children and Family Development as children. Similarly, those participants who immigrated to Canada later in life also acknowledged similar losses. The death of loved ones to suicide, homicide, or chronic illness had devastating effects on the emotional and mental well-being of many of the participants. Additionally, the experience of multiple deaths, losing primary caregivers, as well as sudden or unexpected deaths represented painful losses that had lasting impacts on the participants. A range of other significant losses included breakups, divorces, children moving out, health issues, and the inability to sustain employment or education. The participant's coping

responses to these events, social status, and access to resources all contributed to a more complex symptom presentation likely beyond the effects of early trauma (Briere & Jordan, 2009).

Diagnosis. Trauma experts acknowledge the complex and diverse symptom presentation for individuals who experience prolonged trauma, creating challenges in accurately diagnosing and effectively treating survivors (van der Kolk, 2000). This was reflected in this study as issues with misdiagnosis (Herman, 1992) and receiving multiple diagnoses (van der Kolk, 2005) were commonly reported. An incorrect diagnosis may increase stigma and compound self-protective behaviours in trauma survivors, which can deter individuals from seeking out support (McCormack & Thomson, 2017). The participants received diagnoses for a variety of psychiatric problems including PTSD, anxiety, depression, and bipolar disorder, capturing a limited aspect of their physical, self-regulatory, and relational impairments (Cook et al., 2005; van der Kolk et al., 2005). A number of medical conditions including hypersensitivity, food allergies, fibromyalgia, and kidney disease were also identified.

Some participants accrued numerous diagnoses over the course of their adult lives. Incorrect diagnoses as well as multiple diagnoses had serious consequences for treatment, resulting in costly and ineffective treatments that did not reduce the symptoms. This left some participants feeling as though they weren't going to receive the help they were in need of. *Achieving Wellness* accumulated several medical diagnoses before the underlying problem of complex post trauma was recognized (Herman, 1992; 1997). Consequently, treatment approaches were focused on multiple health issues, requiring medical professionals to shift interventions to address her presenting complaints (Ford & Courtois, 2009). *Achieving Wellness* recalled how unexplained physical symptoms were unsuccessfully treated with conventional medicine (Luxenburg et al., 2001), which influenced her to access alternative treatments.

Interestingly, all of her physical symptoms disappeared after she began therapy to address her trauma history.

Cultural concerns. Cultural differences with respect to diagnosis, treatment, and healing from trauma were an important finding in this study, reinforcing that cultures have different patterns, rituals, and treatments for supporting trauma survivors (Marsella, 2010). Some of the stories highlighted how Eastern and Indigenous cultural understandings of mental health and healing differ from Western perspectives (Stewart, 2008). The Western focus on individual relationships and internal processes does not fit with cultures that value interdependence and social connectedness in healing (Yeh et al., 2004). *Strength in Community* acknowledged how individual healing practices and the techniques used by psychologists were not helpful in her healing. Instead, participation in group healing workshops and ceremonies as well as being connected to the land, her history and culture were instrumental in her recovery.

Furthermore, *Strength in Community* shared her experience of being denied a gun licence because she was a domestic violence survivor, reflecting a Westernized misunderstanding of violence against women. This created further oppression for this participant as she was denied the right to freely engage in her traditional practices such as hunting and to be able to provide food for her family. She recognized the potential consequences of being formally diagnosed with PTSD as all disorders are situated and responded to within a cultural context (Marsella, 2010). A diagnosis of PTSD was perceived as another barrier for this participant to be able to engage in traditional practices, reflecting the potential consequences of being diagnosed and treated within a Western paradigm. These opposing worldviews influence different models for healing (Moodley et al., 2008).

The interpersonal dimensions of trauma are often overlooked by the current Western paradigm that is focused on “fixing” people with disorders. *Suffering into Art* acknowledged how the Western world relies on a “quick fix” which was in complete contrast to her cultural values. An interesting finding for this participant was she did not find verbal modalities used by counsellors helpful in healing her experiences of trauma. This provides support that many non-Western individuals do not find verbal approaches useful or preferable. Health and mental health professionals must find ways to communicate, understand, assess, diagnose, and treat individuals from differing ethnocultural backgrounds (Marsella, 2010).

Seeking services. All of the participants identified hindering factors to their healing as they reflected on their experiences of navigating mental health and medical services. Negative experiences with helping professionals occurred with those who lacked communication skills and empathy, were dismissive or disrespectful, and did not connect with the participants who were seeking out support. These findings provide support for the importance of building rapport and trust when working with trauma survivors (Courtois & Ford, 2013). Unsatisfying professional experiences left individuals feeling as though they were not going to receive the services they were in need of. Professionals who took on the expert role and discounted the participants lived experiences and healing practices were viewed as harmful and unhelpful by *Achieving Wellness* and *My Inner Warrior*. Contrarily, *Choose to be Different* discussed the value of seeking out experts to assist in healing which may suggest gender differences with respect to service preferences.

The lack of safety and continuity of care were identified as service issues across the stories. Safety concerns surfaced in situations where participants were prescribed medications without being informed of the side effects. Professionals such as general practitioners or

psychiatrists prescribed medications without adequate medical follow-up, often with no knowledge of whether the individual completed the treatment. *Safety in the Wild* recalled being referred to a psychiatrist without being informed of the services provided, resulting in unsatisfying experiences and reinforcement that she was not going to receive the care she felt she needed.

The safety concerns specifically linked to residential treatment settings included issues with sudden changes to the schedule and inadequate support plans put in place after treatment. Individuals without a support system in place may be at greater risk for relapse, overdose, or suicide attempts. Safety concerns specific to counselling that may be extended to other helping professions included being triggered by the helper's language, tone, or mannerisms as well as suggestions to engage in unsafe therapeutic work with an offender.

The participants highlighted issues related to accessibility to services, resource availability (Chouliara et al., 2011), ineffective services, as well as gaps in services. Suggestions included additional information for trauma survivors as well as programs offered at flexible times so individuals attending school or work can access those services. Unhelpful or ineffective experiences with specific counsellors, psychologists, psychiatrists, and doctors were commonly reported. Similarly, *Carry On* described residential treatment as a band aid solution to deeper issues. The limited services available in smaller Northern communities reflected the gaps in services for trauma survivors. The wait times for conventional medicine influenced some to seek out alternative practices, which were expensive and not covered under medical plans. Additionally, specialized treatments or private counselling sessions were expensive and many could not afford to continue with services they perceived as helpful in their healing. The lack of

funding for alternative or traditional healing practices was an important issue highlighted by some of the participants.

What are the healing experiences of adult survivors of complex psychological trauma?

The broad research question provided space for the participants to reflect on their healing experiences from early and prolonged trauma. The stories honoured the pain and loss associated with the past, but more so focused on the difficult and rewarding paths of recovery, and the hope for the future. The narratives of healing represented the participants' subjective experiences of their journeys to personal wellness, involving the physical, mental, emotional, social, and spiritual aspects of self and being in connection with others (Egnew, 2005). The stories were unique in that the participants were at different places in their healing journeys and each of them had different meanings attached to their experiences of trauma and recovery. Understanding healing in a holistic sense encourages us to consider the biopsychosocial-spiritual dimensions of the person in the context of his or her social and cultural reality (Dossey, 1998; Hagedorn & Zahourek, 2007; Moodley et al., 2008), which aligns with the guiding theoretical framework of social constructionism.

Protective factors. All of the participants in this study identified protective factors which helped moderate the effects of complex trauma and assist with adaptive functioning. These factors are often grouped into individual, family, and external factors (Heller, Larrieu, D'Imperio, & Boris, 1999; Suzuki, Geffner, & Bucky, 2008). Interestingly, the participants reflected on protective elements from their early life experiences despite the trauma, as well as inner qualities that helped them to both survive the trauma and move forward in their healing. The experience of having some consistency or stability in the chaos of their childhoods was critical for some sense of healthy development. The participants in this study did not specifically

identify histories of neglect where they were deprived of food, clothing, shelter, or physical contact. However, the stories revealed varying degrees in which the participants' emotional, mental, and spiritual needs were not met as children. The nature of the relationship with the offender as well as the degree to which the primary caregivers responded to the trauma affected the participants' development and well-being.

An interesting finding in this study was how birth order and socioeconomic status emerged as both protective and risk factors. For example, *Culture as Free Choice* acknowledged how being the first born child positively affected the bond with an abusive caregiver and provided a foundation that she was valued and cared for. Conversely, *Finding Myself* discussed her experiences of being the youngest child in the family, which made her more vulnerable to maltreatment and being victimized by older siblings. These findings suggest that siblings can have very different experiences when trauma occurs within the family unit. In terms of socioeconomic status, *Safety in the Wild* recognized how middle class status was an important protective factor in having access to more financial supports, resources, and the opportunity to work from an early age. Those with low income or inconsistent employment as adults faced additional barriers in their healing as revealed by *Carry On* who did not have stable housing or the funds to cover the costs for healing treatments.

The participants acknowledged the importance of having safe spaces and safe people outside of the home environment when they were growing up. Structured school environments, religious communities, and extracurricular activities represented external protective factors found in the stories (Heller et al., 1999). Additionally, teachers (Arias & Johnson, 2013), friends (Suzuki et al., 2008), and employers were identified as safe people who were caring and respectful. Relationships with alternate caregivers and other safe adult figures (Suzuki et al.,

2008) taught some of the participant's moral lessons and basic skills that have carried them through life. *Safety in the Wild* acknowledged the significance of having a supportive adult figure during her teenage years because it was the adults in her childhood who were responsible for the betrayal in relationships. This demonstrates the positive effects the presence of a caring and supportive adult can have on a child or youth (Heller et al., 1999).

Individual protective factors identified by the participants included inner qualities they perceived as helpful in surviving the trauma as well as their capacity for healing. Arias and Johnson (2013) refer to these internal characteristics as resilient traits that assist trauma survivors in working through hardships and maintaining the belief that their situations will improve. *My Inner Warrior* attributed her strong sense of social justice from early in life as core to her survival and healing. Interestingly, this protective factor also emerged as a risk factor because she would stand up to the violence, often putting herself in harm's way. As evidenced in other research, inner qualities such as strength (Arias & Johnson, 2013; Vilenica et al., 2013), perseverance, and a positive attitude (Arias & Johnson, 2013) were viewed as helpful for healing. Other personal characteristics recognized by the participants as protective and instrumental in healing included courage, gratitude, motivation, diligence, openness, and willing to change.

Safety. According to the literature on trauma recovery and the participants of this study, the establishment of safety is integral for healing to occur. Safety is understood as the absence of danger from the self or others coupled with the presence of protective and caring relationships (Ford, 2009). Accordingly, the aftereffects of trauma cannot be managed or treated effectively if an individual remains in danger from the self or others, as there will be continued reliance on survival strategies (Courtois & Ford, 2013). For the majority of the participants in this study, it

took many years for them to experience safety and stabilization in their lives. This process was often viewed as a long and arduous task, requiring active steps by the participants independent of the therapeutic setting and the formal support of a helping professional.

Learning how to control and care for one's body by attending to basic health needs and the regulation of body functions through sleep, eating, and exercise are important in establishing safety (Herman, 1997). This was evident in some of the participant's stories, as they learned to care for their basic needs as adults and reduce their engagement in risky or dangerous behaviours (Herman, 1997) such as unsafe sexual practices, addictive behaviours, or disordered eating. With the inclusion of safe coping practices, sobriety, and seeking support through diverse healing practices, the participants learned to control self-destructive behaviours and manage posttraumatic symptoms (Herman, 1997).

A necessary component of stabilization involves taking active steps to gain control of one's environment and relationships with others (Herman, 1997). Trauma survivors may have to limit or cut off contact with family or friends who continue to engage in unhealthy behaviours or do not support their recovery (Courtois & Ford, 2013). To establish a safe living environment, some of the participants relocated to different communities or left abusive relationships. Having little or no contact with unsafe people such as offenders or family members reflected self-protection strategies utilized by some of the participants (Herman, 1997). Setting boundaries in relationships, being more assertive, and reclaiming power and control in their lives represented other self-protection strategies. By shifting unhealthy relationship dynamics and dysfunctional communication styles, the participants were better able to protect themselves from further victimization. This was not viewed as an easy task and for many it took several years to be able to stand up to abusive or controlling partners and caregivers. A key factor in sustaining

safety included having a strong social support system (Herman, 1997). These support systems varied among the participants, but often included partners, children, family, helping professionals, as well as school and faith communities.

Reconnection. Reconnection emerged as a defining feature of healing and recovery for the participants in this study, reflecting an organic and evolving process which extended beyond the therapeutic context, as commonly found in the literature on trauma. In the narratives of healing, considerable space and time was dedicated to the participants' holistic experiences of reconnecting to the self, their culture, community, spirit, and connection to others. By restoring or fostering those connections, the participants began to experience a sense of wholeness and connectedness necessary for healing and recovery.

The findings from this study align with Phase Three of the classic trauma treatment model which specifically focuses on reconnection and reintegration. From a treatment perspective, this phase includes tasks around life consolidation and restructuring that is obtained through self and relational development and enriched daily living (Courtois, 2008). Trauma survivors are likely to have an increased capacity for self-compassion, empathy, and a more positive self-concept. Additionally, survivors develop some capacity for trust and security in relationships based on improved self-esteem, assertiveness, and mutuality (Courtois & Ford, 2013). The reconnection to self, faith, culture, community and others found in this study complements and adds to the existing literature and will be discussed in the following sections.

Identity. One of the most significant aspects of healing and recovery in this study involved healing the disconnect within the self and identity. One definition of identity being, “an enduring phenomenon that eventually comes to transcend social locations, to represent how the person knows her- or himself to be, and to reflect core values held by the individual” (Brown,

2008, p. 49). The participants' stories reflected how trauma has a role in shaping identity in the context of early and prolonged trauma as the young person's identity is still developing and vulnerable to social influences. Although identity is complex and evolving, its foundation is formed early in life (Phillips & Daniluk, 2004). For many of the participants, healing involved the discovery of self. The search for 'who am I' and 'where do I belong' was a journey some participants were still on.

Healing was described as the process of moving beyond the 'wounded self' to discovering who they were meant to be. Herman (1997) refers to this stage of healing where the trauma survivor is no longer controlled by the past and the task is now to become the person he or she wants to be. Similar to other research findings, *Suffering into Art* described a shift in her identity over time as she moved from the wounded self or victim to allowing other aspects of her identity to emerge. The legacy of the trauma was only one aspect of identity and she was at a place in her healing where she didn't have to own it any longer or hold onto the past (Phillips & Daniluk, 2004). *Choose to be Different* realized early in his healing journey that he had the freedom and choice to create himself how he wanted to be. In particular, he made positive changes to the ways he behaved so he was not repeating past negative behaviours. The experience of engaging with a counsellor early in his healing may have helped facilitate some of those changes.

For other participants, the discovery of self didn't come until much later in life. For example, *Finding Myself* shared, "I never knew who I was." Like other participants, it was a struggle for her to find out who she was because the trauma occurred within her family of origin. Part of her self-discovery involved being honest with herself about the parts of herself she didn't like and letting go of the personalities she portrayed in the context of different relationships. The

multiple components of identity added to this individual's sense of loss of who she was. In particular, she noted the discrepancy between the public and private aspects of self which informed her experiences of self as well as her interpersonal relationships (Brown, 2008). Other research with trauma survivors found that the merging of the public and private selves occurred when survivors shared more of themselves with others and allowed their inner selves to be seen. These findings suggest the importance of sharing and connecting with others to facilitate congruence within the self and one's identity (Phillips & Daniluk, 2004).

A difficult aspect of recovery involved healing the relationship with self. Many of the participants identified negative self-perceptions, supporting the idea that trauma can be life defining (Berman, 2016). The guilt, shame and self-esteem issues resulting from trauma made it difficult for some of the participants to experience a positive relationship with the self. Therefore, reconciling with the self involved honouring past experiences and a shift towards self-belief and self-compassion. Personal accomplishments, positive life experiences, and supportive relationships helped improve confidence and self-esteem for some of the participants, repairing the view of self. These experiences created space for other roles and aspects of who they were to become visible (Phillips & Daniluk, 2004).

The stories revealed how identity was deeply embedded in each individual's faith, culture, community, and relationships. As such, healing involved restoring those aspects of identity to find meaning and purpose in their lives. By reconnecting to values as well as to faith and cultural practices, many of the participants experienced a sense of wholeness and connectedness. The reconnection to identity was also revealed by the participants as they shared their interests, goals, and plans for the future, representing their values that give direction and

meaning in their lives (Berman, 2016). The narratives of healing illustrated how identity is a continuous process of development, reflecting multiple social locations (Brown, 2008).

Culture. The reconnection to culture manifested as a significant aspect for healing from complex trauma. In addition to experiences of early abuse, many of the participants described difficult situations that contributed to cultural disconnect such as the death of a primary caregiver, being in the care of the Ministry of Child and Family Development, mixed ethnicity, racism, immigration, as well as the effects of historical trauma and residential schools. Therefore, restoring connections with family, community, and culture was instrumental in fostering healing and personal growth for many of the participants. The shared values within relationships and one's community shaped the participants healing experiences in their socio-historical contexts (Priya, 2015).

The connection to community represented a source for healing for some of the participants (Schultz, Cattaneo, Sabina, Brunner, Jackson, & Serrata, 2016; Stewart, 2008). In Aboriginal healing, community and family are inherently connected to one's identity and wellness. An individual may be reintroduced to a community and experience healing through participation in group experiences and connection to ancestral spirits (McCabe, 2007). For *Strength in Community*, this involved moving back to her home community in her adult years and being actively engaged in her culture. Community engagement involved participation in traditional practices and connection to Elders or community mentors. The experience of being immersed in the culture through participation in ceremonies or celebrations restored aspects of identity and connection for some of the participants. The community connectedness offered a sense of place, grounding, purpose, and belonging (Schultz et al., 2016), restoring balance in some of the participant's lives (Stewart, 2008).

When trauma is a component of an individual's cultural heritage of oppression, intergenerational or historical trauma (Brown, 2008), healing one's cultural identity is paramount. As revealed in this research, cultural identity can be strengthened through participation in traditional cultural practices (Stewart, 2008). The participants highlighted the importance of passing on teachings and traditions to next generations through family legends and storytelling. Learning about one's history as well as being on the land and connected to nature had healing elements. Furthermore, engagement in various cultural practices such as hunting, singing, dancing, music, and revitalizing the language provided therapeutic benefits for many of the participants.

Faith. Healing from complex trauma involved a return to faith practices and reconnection with one's spirit. The literature suggests that spirituality and religiosity are related constructs (Bryant-Davis, Ellis, Burke-Maynard, Moon, Counts, & Anderson, 2012; Hill & Pargament, 2008). For the participants of this study, differences existed in their views of spirituality and religion. Spirituality represented a sacred and personal journey for some of the participants, which appeared to be an inward individual experience (Bryant-Davis et al., 2012). Yet, it also encompassed social components influenced by the participants' culture and historical practices (Brazier, 2007). In this study, spirituality seemed to reflect a deep self-connection as well as a connection to the earth, spirit, energy, or particular intuition (Vilenica et al., 2013). Some of the participants shared their spiritual beliefs, which involved the mental and physical being interconnected and part of a larger cosmic whole (Yeh et al., 2004).

Spirituality may help people discover the meaning of their pain or suffering, which can provide healing (Egnew, 2005). This was evident for *Suffering into Art* who acknowledged how she processed and understood her trauma through her spiritual lens. Many of the participants

referred to being in relationship or dialogue with a higher power such as the Divine or the Creator, echoing previous research with trauma survivors (Arias & Johnson, 2013; Draucker et al., 2011). These findings suggest that having a secure and supportive relationship with a higher power may assist trauma survivors in overcoming hardships (Arias & Johnson, 2013) and finding comfort as they search for guidance and meaning.

Ceremonies and rituals can provide discipline and focus that are important for spiritual healing (McCabe, 2007). Not surprisingly, the participants engaged in many spiritual practices such as prayer (Arias & Johnson, 2013), fasting, chanting, and healing ceremonies, which created a sense of hope, comfort, focus, and grounding (McCabe, 2007). An interesting finding in this study was that participants of diverse cultural backgrounds commonly engaged in Aboriginal healing practices as part of their healing and recovery. Sweat lodges, smudging, and traditional fire burning ceremonies are examples of First Nations spiritual practices identified in the stories. In certain cultures, visions and dreams have a significant role in the healing process (McCabe, 2007), which was revealed in the story *Culture as Free Choice*.

The theme of *Religion* represented a more formal or structured faith practice, including attendance at church or readings of religious texts. Religiosity is often understood as a formal set of beliefs and practices of an organized sacred institution (Bryant-Davis et al., 2012). Some of the participants spoke of their faith in God and dedication to different religious affiliations. *Striving for Change* healing involved learning about diverse religions and connecting with the beliefs or teachings that were meaningful to her. The role of forgiveness in healing had significance for the participants who followed the teachings of Christianity. This included both forgiveness of the self for past mistakes as well as the forgiveness of others. Differences existed in terms of the participant's involvement in religious practices. For example, *Carry On* turned to

church and prayer during difficult times, whereas *Letting Go* did not attend church but was guided by the principles of Christianity. The community experience of sacred relating among people who share a common faith and set of beliefs (Brazier, 2007; Bryant-Davis et al., 2012) was highlighted by *Safety in the Wild*. Being a part of a faith community offered her comfort, connection, and peace.

Relationships. Reconnection in the context of interpersonal relationships was an important aspect of healing and recovery in this study. As found in other research, healing relationships with a supportive person may help to repair one's sense of self and competence in relationships (Arias & Johnson, 2013). In particular, having a relationship with at least one supportive person can provide relational repair. The participants experienced varying levels of renewed trust in relationships with others, showing some capacity for appropriate trust in relationships (Herman, 1997). Safe interactions with others restored a sense of hope or faith that people can be kind and trustworthy. For example, *Finding Myself* recalled hitchhiking with strangers which challenged her views of humanity and the world being an unsafe place. Although she recognized the dangers involved in that journey, the experience was meaningful for her healing. Feeling validated and respected in relationships had positive effects on self-esteem and self-worth. The participants acknowledged the value in having someone to listen and be witness to their experiences in the context of a therapeutic setting as well as with friends, partners, children, and colleagues, which differed from previous research with trauma survivors that included parents and pastors (Arias & Johnson, 2013).

Reciprocity and interdependence in relationships unfolded as key findings in this research. A common theme among the participants' stories included a commitment to help others (Draucker et al., 2011), which was revealed through their efforts to volunteer (Arias & Johnson,

2013), advocate for others, and choose careers dedicated to helping others (Draucker et al., 2011). All of the participants acknowledged people in their lives who helped them along in their healing journeys, which may have influenced them to want to reach out and help others. Previous research suggests that trauma survivors experience healing by helping others, as it helps them to see the universal experience of adversity (Arias & Johnson, 2013). The findings in this study revealed that the majority of the participants were motivated to help others by sharing their story of trauma and healing. *Suffering into Art* acknowledged the strength and validation she received from others by sharing her story, illustrating the reciprocity in relationships. Interdependence involves “relying on each other” (Stewart, 2008, p. 53) in the context of all relationships such as coworkers, family, community, and therapeutic relationships which was revealed in the themes of *Reaching Out* and *Helping Others*.

Growth and change. Healing and recovery was revealed by the participants’ personal growth and change that occurred over the lifespan. This study illustrated many ways in which the participants gained knowledge and insight from life experiences. With age and maturity, all of the participants obtained new understandings of past trauma as well as their healing. Life events challenged and shifted previous thinking patterns about the world and being in relationship with others. In particular, the lessons learned from relationships (Philips & Daniluk, 2004), parenting, education, and work provided opportunities for growth and change. The participants acknowledged how taking chances in life, learning from past mistakes, and letting go were important for their recovery from complex trauma. These findings suggest the importance of understanding healing and recovery from a developmental perspective with consideration of how certain milestones and life experiences may positively or negatively affect trauma survivors in their healing.

An interesting finding for *Culture as Free Choice* and *Finding Myself* was that the death of an offender provided a new found sense of safety and freedom to grow as an individual and to explore the world. This suggests that for some trauma survivors, there may be profound healing elements attached to the death of an offender that may not occur until much later in life. This challenges helping professionals to find ways to assist trauma survivors to find such healing without the death of an offender. It will likely be more difficult or complicated when the offender is a family member or caregiver and does not take responsibility for the trauma.

The theme of *Positive Experiences* focused on education, employment, and personal achievements. The majority of the participants completed post-secondary education and many were still pursuing higher education, suggesting that intellectual ability may have been a protective factor for many of them (Heller et al., 1999). Educational experiences can help develop critical thinking skills to contextualize the trauma, gain self-confidence and competence, and improve problem-solving abilities (Arias & Johnson, 2013) all of which were highlighted by *Choose to be Different*. It is possible that neurobiological changes may occur with ongoing educational experiences, leading to improved functioning of the prefrontal cortex and limbic system which are involved in many cognitive processes including problem-solving, planning, and the assimilation of new information (Weber & Reynolds, 2004).

In addition, the school experience created opportunities for the participants to engage with supportive professors and increase social connectedness with support services and a network of peers. Many of the participants reflected on careers that were meaningful and personally fulfilling, positively contributing to their healing journeys. The experience of accomplishing goals in education, employment, and in day-to-day life improved feelings of self-efficacy and motivated some of the participants to continue setting goals in life.

Similar to other research, an important component of healing and personal growth for some of the participants involved sharing their story with others (Draucker et al., 2011). This appeared to be more of an organic process occurring over time and across different settings. For many of the participants, it did not appear to be a formal therapeutic strategy where they engaged in trauma processing with a trained therapist. The participants did not identify specific trauma processing approaches commonly found in Phase Two treatment, suggesting that the narration of trauma memories may not be perceived as meaningful or helpful for healing from complex trauma. The processing of trauma experiences took place through journaling, spiritual and cultural practices, as well as through movement. The findings in this study suggest the healing aspects that came from sharing their stories was more centered on the experience of being connected with others.

Differences existed among the participants in terms of when they first shared their stories with others. The developmental stages of the participants varied, as some of the participants disclosed their trauma experiences in childhood or their teenage years. The healing process may have started earlier in life for those who shared their experiences at younger ages and perceived those experiences positively. Those individuals who continued to experience trauma in their adult years or did not share their story until later in life likely had different meanings attached to those experiences based on their developmental stage and their understandings of the early trauma. Another important finding in this study involved the variation in the timing from when the trauma occurred to when the participant's shared their stories. The healing aspects that can come from sharing stories of pain and suffering are likely influenced by the amount of safety and control the individual experiences when sharing his or her story. These are important

considerations when supporting trauma survivors as some individuals may not be at a place where they are ready to tell their story and it may be unsafe to do so.

The commitment to end the cycle of abuse within families and communities was a strong message from the participants in this study. This was evident in the stories where participants spoke of passing on trauma free lives to their children (Draucker et al., 2011). The participants frequently took on parenting styles that were the opposite of how they were raised. For example, *Suffering into Art* reflected on the secure bond with her children, which differed from the distant relationship with her parents. Part of ending the cycle of abuse involved not condoning or accepting attitudes that permitted violence and abuse as well as introducing children to healing practices at a young age so they would be on a path to healing much earlier in life.

Another key element involved engaging in life differently than their family of origin (Draucker et al., 2011). This involved not using substances as well as communicating or resolving conflict differently. Arias and Johnson (2013) found that trauma survivors made positive life changes to be better mothers for their children, which aligns with some of the narratives in this study. *Safety in the Wild* and *Culture as Free Choice* specifically acknowledged they did not have children which may have been linked to their trauma history or a way of ending familial intergenerational abuse. Ending the cycle of violence at the community level involved advocating for other trauma survivors, speaking out about abuse and oppression, and supporting or caring for others who may have been victimized, all of which reflect a commitment to social action or the pursuit of justice (Herman, 1997).

Consistent with other research findings, the theme of *Acceptance* included the participants acceptance of the trauma and what they have endured (Chouliara et al., 2011; Draucker et al., 2011; Vilenica et al., 2013). There was an acknowledgement that the past could

not be changed. Previous research linked healing to turning points in life, where trauma survivors faced their fears associated with their trauma and accepted the truth of their experiences (Vilenica et al., 2013). Facing the reality of the trauma and all the losses was a painful, yet important part of healing for some of the participants. In this study, acceptance also involved letting go of the past and some of the anger and hurt attached to those experiences.

The theme of *Honouring Experiences* illustrated a key healing component for complex trauma survivors. For many of the participants, they experienced a lifetime of invalidation, dismissal, or denial of their trauma experiences by family members or caregivers. The ability to get to a place in their healing where they were able to honour and validate the multiple losses and traumas they faced signified personal growth. This shift towards self-validation of their experiences created the opportunity for some of the participants to move forward in their healing and develop some sense of self-compassion. The participants also honoured their healing efforts and the time and dedication necessary for recovery.

Posttraumatic growth refers to the experience of positive change that occurs as a result of the struggle with extremely difficult life crises (Tedeschi & Calhoun, 2004), which corresponds with the theme *Gift of Trauma*. Some individuals were able to recognize the gifts of trauma that emerged in the face of adversity. There was acknowledgement that the challenges early in life shaped their personality and beliefs in positive ways. For example, specific character traits identified by some of the participants included strength, honesty, empathy, and the acceptance of others. The participants all reflected on their hopes, dreams, and goals for the future which signified hope and excitement for the next steps in life (Phillips & Daniluk, 2004). They remained on a path towards self-discovery, self-acceptance, and self-improvement despite the negative and traumatic early life experiences. Similar findings suggest that suffering was

transformed into growth by learning to work through the trauma (Vilenica et al., 2013), which was also illustrated in all of the participants stories.

The healing journey. The participants in this study viewed their healing as a lifelong journey, which aligns with the idea that recovery from trauma is never complete (Herman, 1997). The time spent surviving and then recovering from the trauma shaped each participants life trajectory (Phillips & Daniluk, 2004). The experience of prolonged trauma beginning early in life may contribute to delayed development in various cognitive, emotional, or interpersonal areas of functioning, affecting one's ability to learn from past experiences. Early trauma can have negative effects on learning and the consolidation of new information because the individual is focused on survival. The dominance of the survival brain over the learning brain has consequences on the facilitation of growth, healing, learning, and self-development (Ford, 2009). Interestingly, a unique finding in this research was that healing was commonly referred to as a learning process, often by trial and error. This leads me to question the long-term effects of complex trauma on learning. How does early trauma affect adult survivors' capacity to acquire knowledge throughout their life span?

The participants' paths to wellness continue as they navigate new life experiences and move through the stages of life. With new experiences and maturity, came new understandings and opportunities for healing and growth. Some of the participants recognized that each day was a new chapter or a new beginning. *Achieving Wellness* acknowledged how she had done the bulk of her work and was at a place in her recovery that healing from trauma was no longer her main focus in life. She was in the maintenance stage of recovery and could begin to focus her energy on other life adventures and the tasks of daily life (Herman, 1997).

This study suggests that recovery from complex trauma requires a holistic healing approach involving all aspects of the person. Healing involves restoring wellness in the mind, body, heart, and spirit through reconnection and growth. The participants engaged in diverse healing practices that were meaningful in their healing and recovery. There was recognition that recovery involved attention to the physical, mental, emotional, and spiritual aspects of self. It also included connection to others to provide healing through relationships. The reliance on a variety of therapeutic, cultural, spiritual, and alternative practices suggest that trauma survivors may benefit from incorporating holistic healing practices to achieve health and wellness.

Healing emerged as a personal journey shaped by the social, cultural, and historical contexts unique to each participant. The diverse values, traditions, and cultural backgrounds of the participants influenced the healing practices they engaged in and found useful in their healing. Even though there are numerous types of treatments that exist within a culture, healing and recovery from trauma is very much person-specific. The participants engaged in diverse healing practices and had different treatment preferences (Wilson, 2007). This study revealed that there is not one treatment approach that will be effective in treating all trauma survivors given the range, intensity, and duration of trauma responses. The findings from this study suggest that healing and recovery from complex trauma is a distinct, multifaceted, and a lifelong process.

What therapeutic approaches, counselling/health/alternative interventions, resources and/or supports assist adult survivors in their healing?

Creating trust. Those participants who viewed counselling positively described a safe and nonjudgmental environment in which they appreciated having someone to listen (Chouliara et al., 2011) and validate their experiences. Similar to other research with trauma survivors, the

importance of positive rapport and trust within the therapeutic relationship was necessary for the participants to engage in the work (Vilenica et al., 2013). Creating a working alliance is critical in developing safety and stabilization and a, “precursor to further therapeutic work” (Courtois & Ford, 2013, p. 135). Therapeutic relationships can provide opportunities for survivors to have a different relational experience involving trust and security, which can decrease isolation and improve their competence in relationships and communication (Courtois & Ford, 2013).

The participants appreciated character traits and communication styles of specific helping professionals. Positive connections were established with professionals who could relate and connect on a personal level. Therapists who were honest (Arias & Johnson, 2013), open to listening (Chouliara et al., 2011), caring, compassionate, nurturing, and funny were viewed positively by the participants. Those who felt supported in a therapeutic setting reached out for counselling support at later stages in their healing. Some of the participants engaged in further work with new counsellors and others were interested in reconnecting with a previous helper to update them. *Achieving Wellness* recalled how she worked with the same therapist for seven years, highlighting the importance of a supportive therapeutic relationship for recovery as well as the long-term counselling often necessary for survivors of complex trauma.

Approaches and interventions. This study suggests that trauma survivors engage in broad and diverse therapeutic approaches as part of their healing and recovery. As evidenced in other research, trauma survivors actively seek out formal counselling support and find healing benefits from those therapeutic experiences (Arias & Johnson, 2013; Vilenica et al., 2013). The participants reflected on individual and group interventions that assisted them in their healing, providing support that multiple intervention strategies may be necessary to relieve symptoms and improve social competence and emotion regulation capacities (Cook et al., 2005). Given the

range of complex trauma outcomes and the uniqueness of each participant, there was variability in individual responses and preferences to treatments (Lonergan, 2014).

Education. Phase One treatment for trauma is centered on education, skill building, self-regulation, and support all of which were identified in this study (Courtois, 2008). Several participants acknowledged the value of education on trauma and recovery. Learning about diverse worldviews, power structures, and the signs of abusive relationships helped validate past experiences. Situating the violence and trauma in a larger context was particularly helpful for *Safety in the Wild* as she realized that the abuse was not personal, echoing previous research (Phillips & Daniluk, 2004). Furthermore, learning about the effects of trauma and the identification of triggers was also important for some of the participants in normalizing their trauma responses (Chouliara et al., 2011) and exploring new ways to manage the symptoms.

Affect regulation and coping. Self-regulation strategies identified in the stories included grounding (Zerubavel & Messman-Moore, 2015), mindfulness (Shapiro et al., 2006), meditation, and hypnosis. These techniques were often introduced by therapists and practiced in group settings as well as independently. *Achieving Wellness* highlighted the importance of consistent and long-term practice of these self-regulation strategies to reduce triggered responses and manage stress. Additionally, the participants incorporated a variety of safe coping strategies to redirect attention, manage difficult emotions, and alleviate trauma symptoms. Physical activity was identified as important in releasing intense emotions and shifting negative thoughts or feelings into more positive ones. Mental coping strategies included reading, studying and writing as a way to shift the focus away from distressing memories or unhelpful thoughts. Expressive modalities such as art, singing, and journaling offered safe ways to express difficult emotions and process past experiences for many of the participants. Being out in nature was grounding and

a way to feel peace and connected. Self-care strategies identified by the participants that had positive effects on physical and mental health included diet, sleep, and exercise regimes (Kendall-Tackett, 2009).

Trauma work. The most notable benefits of talk therapy identified by the participants included having a supportive therapeutic relationship and gaining awareness and insight into their experiences (Chouliara et al., 2011). Through communication and reflection, participants were challenged to reframe their experiences and identify problems or issues they may not have been previously aware of. Specific therapeutic approaches that were viewed as helpful included Trauma-Informed Practice, Feminist Practice, and Cognitive Therapy. While some of the participants found talk therapy useful in breaking isolation and making meaning out of their experiences, others did not find talking with counsellors as helpful, highlighting the differences in treatment preferences. It may be more beneficial to direct treatment on increasing one's self-awareness and physical self-experience, instead of focusing on the meaning one makes of his or her experiences (van der Kolk, 2006; 2009).

Equine-assisted therapy was helpful for one participant to externalize and release her problems. The specific mechanisms in which this therapeutic approach facilitated healing from past trauma was not completely clear. However, animal-assisted interventions may be useful for adult trauma survivors as *Striving for Change* identified this as the most useful treatment modality in her healing (Staudt & Cherry, 2017). Another useful approach highlighted by two of the participants was inner child work. It appeared that the participants engaged in self-dialogue to attend to and care for their younger self. This inner dialogue facilitated understanding, acceptance, and a sense of self-compassion.

The somatic work created space for *Suffering into Art* to release the trauma through movement, which echoes research by Leseho and Maxwell (2010) who found that dance and creative movement offer a way for women to appreciate their bodies, access their inner wisdom, and connect with their spirit. These experiences can create a sense of safety in the mind and body, which allows trauma survivors to be able to process their trauma and the emotions that are too painful to face. By learning to attend to inner experience through breath and movement, there is awareness that bodily experiences shift and change (van der Kolk, 2009) allowing trauma survivors to find new ways of orienting themselves and engaging in the world (van der Kolk, 2006; 2009).

Culture as Free Choice connected to her dreams and informally engaged in dream work to process issues related to her trauma and the difficult relationships with family members. She engaged in this process independently, writing down her dreams and strongly identifying with the works of Carl Jung. Similarly, *Achieving Wellness* recalled journaling her life story and allowed her therapist to read and bear witness to her journey. With the multiple losses associated with trauma, grief and loss counselling was viewed positively by some of the participants. Other interventions that helped with interpersonal functioning and self-perception included work on boundaries, positivity, and confidence.

Support. Self-help books (Arias & Johnson, 2013) and peer support were examples of informal supports that contributed to healing for some of the participants. A peer support model was helpful in hearing others stories so individuals could put their trauma into perspective, which has similar benefits to formal group therapy (Arias & Johnson, 2013). The idea of connecting with others with similar life experiences can have profound healing effects. Many of the participants engaged in healing practices independently, such as journaling, being in nature, and

seeking resources online whereas others were drawn to community or group healing practices. The use of medications in conjunction with strategies in therapy was viewed positively by two of the participants (Luxenberg et al., 2001), supporting the idea that some trauma survivors may require medications to treat unmanageable trauma-related symptoms or psychiatric conditions in addition to receiving formal therapeutic support.

Alternative practices. Alternative treatments, not typically considered a part of conventional medicine, that were identified by the participants included massage therapy (Longacre et al., 2012), yoga (Emerson et al., 2009), Reiki (Longacre et al., 2012), nutritionists, Shamanic medicine, and Eastern practices. These holistic treatments focus on the mind-body connection and may help to provide symptom relief for trauma survivors with somatic complaints or chronic pain (Longacre et al., 2012). Conventional treatments that do not treat the whole person in the context of his or her culture, community, and environment influenced some participants to turn to alternative healing practices (Moodley et al., 2008). Some of the participants made important lifestyle changes that involved changes in diet (Kendall-Tackett, 2009) and the reliance on natural medicines and organic products to restore health and treat physical problems. Although half of the participants engaged in some form of alternate healing practices, the specific treatments were not widely practiced and were often unique to each participant. These findings provide support for the need for new knowledge and additional research on alternative practices for healing and recovery from complex trauma.

Limitations

The participants included for the study were limited to adult trauma survivors living in one geographical context. The majority of the participants were recruited through the university and included individuals who were currently students as well as others who accessed the campus

for various reasons. I anticipated that counselling services and community agencies that provide services to trauma survivors would be the main source of recruitment; however, there was immediate interest within the academic setting and additional advertising for the study was not necessary. Almost all of the participants completed some type of post-secondary education, which directly affected the research findings. It may be postulated that adults who attend post-secondary institutions reflect higher socioeconomic status. This population included some individuals from the middle class, thus excluding some of the most marginalized or impoverished trauma survivors.

This research study attracted a diverse population of trauma survivors in terms of age and cultural background. However, some individuals who experienced trauma early in life and were placed into Ministry care at a young age may not remember their abuse. As a result, this study may not have included some of the most traumatized individuals from early childhood abuse. Furthermore, the healing experiences of young adults or seniors may be quite different, highlighting unique challenges or developmental pieces that were not captured from those interviewed in this study. The participants were limited to those who accessed post-secondary institutions or counselling services that gave me permission to advertise the study.

The quality of this research rested on my skills as the researcher and my capacity to carry out ethical research practice. Thus, my ability to recruit and build relationships with the participants, along with my skills in the analysis and presentation of the data, affected the research findings. My previous research experience along with my values and beliefs guided my decisions throughout the research process. The participants had control over the amount of information they shared in the context of the research interviews as well as their willingness to

engage in the research process and share information about their lives. The stories are unique and detailed presentations of healing and recovery from complex trauma.

A qualitative research design relies on a collaborative process between the researcher and participants. I anticipated the challenges in meeting with participants for follow-up interviews to review their story and provide feedback. Therefore, the initial interviews included several member checks as a way to clarify meaning. Knowledge and new meanings were co-constructed through conversations with the participants and feedback from my supervisory committee. Both a committee member and my supervisor reviewed the participants' narratives and were in agreement with the final groupings of the categories, themes, and metathemes.

Reflections on the Research Process

My interest in gaining further knowledge and understanding of healing from complex trauma stemmed from my professional experiences and motivation to improve my practice with young trauma survivors. My belief that trauma and healing are socially constructed issues guided me to carry out qualitative research with social constructionism as the guiding theoretical framework. I was drawn to narrative inquiry in my quest to learn about the holistic and in-depth experiences of healing and recovery through the stories people tell. The relational and collaborative aspects of narrative inquiry allowed me to become fully immersed in the research process. The new relationships formed and the process of co-constructing knowledge was personally meaningful for me. The broad research questions allowed for a global and in-depth understanding of healing and recovery from complex trauma.

This journey has been extremely helpful in my growth as a person and a counsellor, shaping my identity as a research-practitioner. The meaningful interactions with the research participants and the ongoing reflection and processing of my experiences in my research journal

were instrumental in my learning. I found myself continuously reflecting on my clinical practice and the limitations within it. This process helped me explore my insecurities as a counsellor as I began to question the impact of my work with children and youth. I wonder about the long-term outcomes for the children and youth I have supported. Will these early counselling experiences have a positive effect and help mitigate some of the long-term trauma effects? In what ways? The knowledge I have gained from the participants has shifted my ideas and the way I practice. I am now more attuned to the holistic healing experiences from trauma, which has influenced me to encourage clients and families to integrate various physical, emotional, mental, spiritual, and relational healing practices.

The amount of time and work necessary to carry out quality and meaningful research could not be rushed. I was reminded of the patience required to reflect on my experiences, engage with the data, and challenge myself to explore and articulate the depth and meaning of the findings. This experience has provided me with new insights and greater awareness of the cultural and spiritual influences in healing and recovery. It has also strengthened my beliefs about the value of relationships and reciprocity in healing. The collaborative and evolving nature of qualitative research aligns with my values and has contributed to my learning and personal growth.

Implications for Research

Aspects of holistic healing were present in all of the participants' stories suggesting the need for further research that explores holistic and integrative healing approaches for trauma survivors from diverse ethnic and cultural backgrounds. The development and evaluation of holistic healing interventions for trauma survivors in both outpatient and residential settings requires further study. The participants in this study identified numerous healing practices,

providing support that treatment approaches for complex trauma must extend beyond the Western evidence-based practice model. This challenges researchers to further explore alternative, cultural, and spiritual healing approaches for trauma survivors.

Given the variability and wide range of therapeutic treatment approaches identified as helpful by the participants in this study, further research is necessary to explore optimal treatment strategies and interventions that are effective for specific trauma populations. Treatment modalities such as Equine-Assisted Therapy (Staudt & Cherry, 2017), dance and movement, and expressive therapies (Leseho & Maxwell, 2010) may be useful for trauma survivors from diverse cultures as well as those who are verbally stuck, thus requiring further study. Qualitative research with both trauma survivors and service providers may help to understand the acceptability of these modalities as well as the mechanisms in which these approaches lead to improved outcomes for complex trauma survivors. Additionally, quantitative studies involving larger sample sizes and stronger research designs are needed with newer treatment modalities (Staudt & Cherry, 2017). With the small number of treatment studies to date, generalizations cannot be made about evidence-based practices for adults with complex trauma (Cloitre et al., 2011). This research study suggests that for trauma, no generalizations can be made because the healing journeys of the participants were unique and distinct.

This research illustrates that reconnection is a significant component of healing and recovery for trauma survivors, suggesting the need for additional clinical and scientific attention towards Phase Three treatment strategies (Courtois & Ford, 2013). Further information is required on treatment approaches and effective interventions geared towards reconnection and reintegration. Healing from complex trauma involves the reconnection to self and one's identity. As such, the relationship between trauma and identity requires further study with more

information on how counsellors address identity in the therapeutic setting and the outcomes of these approaches with complex trauma survivors (Berman, 2016). Further information is needed on developmental identity and in particular understanding the identity shifts of trauma survivors as they continue in their healing and move through different developmental stages.

The findings from this study reinforce that trauma is a universal experience occurring across cultures and socioeconomic class. Although demographic information was not collected for this study, the majority of the participants revealed their cultural backgrounds as they described the significance of reconnecting to culture in their healing journeys. More information is needed on the role of culture and community in healing from complex trauma. Healing research carried out with diverse cultural groups living in Canada would assist practitioners in implementing culturally relevant and sensitive interventions. Based on the findings from this study, research involving trauma survivors with mixed ethnicities as well as those from various cultural backgrounds such as Latino, African, Indian, and Aboriginal are needed. It would be most appropriate for researchers of the same cultural background to carry out those studies given the cultural knowledge and sensitivity required to do such research. With the multicultural landscape in Canada, this information would benefit all helping professionals who are providing services to trauma survivors of diverse backgrounds.

Similar to other research, spirituality and religiosity were viewed as integral to healing and recovery for the participants in this study. There is currently limited research with respect to how counsellors address the spiritual and religious practices of trauma survivors in a therapeutic setting as well as the outcomes of those approaches. Further information is necessary on the development and evaluation of interventions focused on religious and spiritual forms of coping that promote recovery and posttraumatic growth (Bryant-Davis & Wong, 2013).

This study suggests that trauma survivors utilize a variety of health and medical services. Exploration of the health care experiences of trauma survivors in primary care settings may lead to improved service delivery. It may also be useful to examine complex trauma survivors' experiences of receiving incorrect or multiple diagnoses and how that affects their healing and recovery.

Implications for Practice

Assessment and diagnosis. The participants highlighted concerns with misdiagnosis and receiving multiple diagnoses, suggesting the need for improved assessment and diagnostic procedures. As found in this study, trauma survivors may utilize a variety of health care services to address the range of somatic complaints and medical conditions. Childhood trauma may be overlooked by healthcare professionals when they are diagnosing medical conditions (Felitti, et al., 1998). A trauma-informed lens in the medical and helping professions may improve the diagnosis and treatment of trauma survivors. For example, this perspective may cue medical professionals to safely explore a trauma history with individuals who present with somatic complaints or unexplained medical conditions. It may be beneficial for medical professionals to sensitively assess for a trauma history to tease out complex trauma symptoms from other conditions, improving diagnosis. Interviews can provide an opportunity for professionals to observe the clinical presentation of an individual. It may be useful for all helping professionals to consider any functional or self-regulatory impairment, patterns of re-victimization, posttraumatic or dissociative symptomology (Courtois, 2008) as well as collect information on the presenting concerns, any recent traumatic experiences, or the chronic effects of childhood abuse (Briere & Spinazzola, 2005).

Sensitivity and care must be taken when asking about a trauma history to avoid destabilization or re-traumatization. Adopting a trauma-informed lens can assist professionals in asking relevant questions to elicit useful information from trauma survivors. Given the negative experiences many of the participants in this study described with various healthcare professionals, a trauma-informed lens used by all healthcare providers would help to better understand the needs of the individual and hopefully improve the health care experiences of trauma survivors.

Treatment. The range of behaviours on the trauma continuum calls for diverse and integrative treatment approaches that are suited to the individual's age, gender, culture, ethnicity, socioeconomic status, and religious or community affiliation (Cook et al., 2005). Medical and mental health care services may be improved with the integration of a holistic approach as the standard of care practice model (Stewart, 2008). A holistic approach to healing and recovery would likely promote culturally safe and sensitive treatments for trauma survivors. Incorporating cultural practices into Western health and counselling models may support health and healing while also strengthening cultural identity. This may include integrating ceremony or prayer into practice as well as including Elders or Traditional healers. Holistic healing may also involve being out in nature or the social community (Stewart, 2008) as well as the inclusion of the family and community for healing and recovery (McCabe, 2007). Incorporating food and spirituality into counselling or group sessions may also be beneficial for trauma survivors. This would require the support of the mainstream health care system as well as the funding sources (Stewart, 2008).

Given that reconnection was such a significant component of healing from complex trauma, there is a need for more interventions and treatment approaches that support the

reconnection to self, culture, community, and others. Phase Three treatment requires additional clinical attention beyond issues of sexuality, sexual functioning, and career development (Courtois & Ford, 2013) to address reconnection with identity, physical health, and being in relationship with others.

Safe practice. An important finding in this study included the participants concerns with service issues when seeking medical or therapeutic support. A key component of safe practice involves the continuity of care for trauma survivors. For those requiring medications, it is necessary for medical follow-up by general practitioners or psychiatrists to monitor the effectiveness of treatments as well as medication compliance. There needs to be a standard practice in which professionals educate trauma survivors on the possible side effects of medications as well as any possible contraindications of medications with substance use.

Trauma survivors may attend residential programs such as healing retreats or treatment programs to address mental health concerns, substance use, and trauma. This study revealed the importance of the continuity of care for trauma survivors when they complete these types of programs. There is a greater need for integrated and comprehensive discharge plans, so individuals remain connected and supported. It is possible that this population may not have a strong support system, so it is necessary that referrals to outpatient supports are in place prior to completion of a program. The challenges become greater in situations where individuals leave treatment prematurely. What is the care plan in these situations to reduce the risk for destabilization and possibly relapse or self-harming behaviours?

Creating safety in any therapeutic setting involves structure and consistency. Helping professionals should be mindful and sensitive to any changes in the space, location, or routine of programs or counselling sessions as it can compromise trauma survivors' sense of safety.

Additionally, all professionals must be aware and sensitive of their language, tone, and mannerisms when supporting trauma survivors. It is beneficial for service providers to work to empower individuals to make informed decisions about their treatment and healing practices. Counsellors must be conscientious in making recommendations or implementing treatment approaches as in some cases it may never be safe for some trauma survivors to engage in trauma processing or to confront an offender. Similarly, it may not be appropriate for some trauma survivors to engage in counselling, reconciliation, or restorative justice practices with an offender.

Resources. The call for additional resources and information for trauma survivors was highlighted by the participants in this study. Information on the effects of trauma and abusive relationships should be available in all healthcare and social services settings. It may be beneficial to publically advertise services on bulletin boards in the community, schools, hospitals, churches, grocery stores, counselling agencies, multicultural services, and employment training centres.

Trauma survivors may not seek out formal therapeutic support, so there is greater need for peer support groups, public information sessions, group workshops, and access to alternative or Traditional practices. Community sponsored events that introduce people to a variety of healing practices at no cost may be valuable. Offering free workshops or individual sessions on yoga, Reiki, drumming, weight lifting, and dance may encourage trauma survivors to engage in healthy living and experiment with new activities. The promotion of healthy living at workplaces with access to nutritionists, personal trainers, massage therapists, and chiropractors may help to reduce stress and improve functioning. In small or remote communities there is often a lack of services available, so it may be useful to incorporate cultural, spiritual, or religious practices as

well as being out in nature. Small communities may also benefit from group healing interventions and peer support opportunities.

Funding and medical coverage. The participants acknowledged how the expense of psychologists and private counsellors creates barriers to services. Trauma survivors often require long-term counselling support and may not be able to afford these types of services. Medical coverage and employee benefit plans are often limited to short-term counselling with few sessions. This is especially problematic for complex trauma survivors as these types of services are not suited to the specialized and long-term care often needed. The current system may create further risk for trauma survivors if they are denied services because of the complexity of their symptoms or they become further de-stabilized by beginning treatment that cannot be sustained because of the expense. The cost for chiropractic, massage therapy, yoga, spiritual healers, or a gym membership may not be possible for individuals on disability or low income, single-parents, students, or the elderly. Increased funding for specialized trauma treatments and coverage for alternative practices may improve accessibility to services.

Education and training. Graduate training programs in counselling and psychology would benefit from courses focused on treatment approaches that extend beyond the traditional counselling approaches such as CBT or talk therapy. There is a need for education and training on diverse holistic practices such as body-oriented approaches (van der Kolk, 2009), dance and expressive therapies (Leseho & Maxwell, 2010), religion and spirituality (Bryant-Davis, & Wong, 2013), as well as alternative and cultural practices. All mental health, medical, and social services programs would benefit from trauma-informed training to better support and understand the complex needs of trauma survivors. Additionally, there needs to be ongoing professional

development opportunities for new and seasoned professionals, educating them on the findings from neuroscience research and advances in trauma treatment.

Summary

This research contributes to the literature by providing rich and detailed information on the healing experiences of 12 adult survivors of complex psychological trauma. A narrative approach provided complex descriptions of lived experiences through the stories people tell. The exploration of individual subjective experiences of healing and recovery contributes to our understanding of the holistic healing journeys of trauma survivors and what they perceive as helpful and hindering in their recovery. Multiple realities were explored through the participants' narratives of healing, reflecting the different places they were at in their healing and recovery. The stories were co-constructed by the participants and myself, providing an opportunity for trauma survivors' voices to be heard by a larger audience.

Trauma is a serious and pervasive social problem affecting people from all cultures and socioeconomic classes. The meanings attached to trauma and healing are situated in each person's culture, customs, and relational worlds. The findings from this study highlight the cultural differences with respect to views of trauma and healing as well as the diverse practices that are deeply rooted in historical and cultural processes. The ways in which I engage with and support trauma survivors reflects socially constructed views of trauma and is influenced by Western values and treatment practices.

The participants identified several hindering factors in their healing and recovery, many of which have been highlighted in the existing research. One of the key findings in this study included the pervasive and long-term effects of complex trauma. All of the participants had engaged in various healing practices; however, the lasting effects of trauma were still visible in

the stories. *Choose to be Different* referred to these effects of trauma as scars from the past, which was personally meaningful for me. The scars reflect how past trauma will always have some presence, whether it is perceived positively or negatively by the individual. The scars also represent the healing efforts, growth, and strength that have emerged from early experiences of trauma. They are part of one's identity, but do not define who the person is.

The findings from the narratives reinforced the role of safety and reconnection in healing and recovery. This highlights the importance for all helpers and care providers to practice from a trauma-informed lens and be mindful of their interactions when in a helping role. The participant's quest for stability and connectedness in their healing journeys represents the human needs for safety and belonging. By reconnecting to one's culture, faith, and relationships, individuals may experience a deeper connection and relationship within the self. Healing is deeply connected to identity with the aim of experiencing a sense of wholeness; something I believe is inherent in being human. The narratives revealed that healing is a holistic journey, unique to each person, and influenced by historical, cultural and social factors. I end this journey with a message for all helpers supporting trauma survivors: When you have worked with one trauma survivor, you have worked with one trauma survivor. Every person is different. Honour and celebrate those differences.

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Appendix A

Sample Interview Questions

- Please tell me your story of healing and recovery from complex trauma.
- What has hindered your recovery?
- What therapeutic approaches or counselling interventions have been helpful in your healing?
- What medical, health, or alternative interventions have been helpful?
- What resources and supports have assisted you in your healing?

Appendix B

Research Participant Information Letter

The following letter will be read to the participants by the researcher

You are invited to participate in a study entitled *The Healing Experiences of Adult Survivors of Complex Trauma*. The research is being carried out by Serena George, a doctoral student in the Health Sciences program at the University of Northern British Columbia (UNBC), under the direction of supervisor Dr. Henry Harder.

I currently provide individual counselling services to children and youth trauma survivors in the community. However, for the purpose of this study I am solely approaching potential participants as a graduate student researcher.

Why is this research being done?

The reason for this research project is to better understand adult trauma survivors' experiences of healing. I am interested in your story of healing and recovery from complex trauma. Your story may help professionals and other people living with trauma to better understand what treatment and interventions are helpful and unhelpful for trauma survivors.

Why you are invited?

You are being asked to participate in this study because:

- You identify a history of physical, sexual, and/or emotional abuse, family violence, or neglect that occurred repeatedly during childhood (birth – age 12)
- You are 25 years of age or older
- You have had healing experiences that help with your trauma effects
- You are willing to voluntarily participate in this study's research process

What is involved?

If you agree to voluntarily take part in the study, you will be asked to:

- Participate in an interview that will last approximately 1-2 hours. You will be asked to share your story and experiences of healing. The interviews will be audio tape-recorded so the material can later be analyzed by myself as the researcher. You may ask that the tape recorder be turned off at any time.
- After the interviews have been transcribed and analyzed, you will be asked to help check the results.
- This will involve a short follow-up interview lasting about 30 minutes. You will be able to add any information and let the researcher know if the results make sense to you.

What are the benefits and risks involved in taking part in the study?

One potential benefit of participating in this research is you may feel rewarded by discussing your experiences of healing. You may also feel satisfied in knowing that you are contributing to

research and providing knowledge to the community. A potential risk is that it may be uncomfortable to talk about your experiences. You may recall upsetting details or memories of past trauma, although your healing journey is the focus of this study. You will be provided with a list of resources that you can access for additional support.

You can refuse to answer any questions and you may stop the interviews at any time. Your participation is completely voluntary. You may withdraw from the study at any time, including if you are uncomfortable with my multiple roles within the community. If you choose to withdraw from the study during the interview or at a later date, the audio recordings and any information you provided will be destroyed.

How will your information be kept private? (Confidentiality)

Everything you discuss during the interviews as well as the forms you fill out will be kept confidential. This means that your information will not be shared with others. There are instances when the researcher would have to report certain types of information. For example, if you are in need of protection because you tell me that you are going to harm yourself or others, if you suspect that a child is being abused or neglected, or if you are involved in a legal court case and the court orders a release of information. Only myself as the researcher and my supervisor will have access to your information.

Your interview will be transcribed (typed word for word) by myself as the researcher. A transcriptionist may be hired to assist the researcher in transcribing interview data. Should a transcriptionist be hired, he/she will be required to sign a confidentiality and non-disclosure agreement. All research information in any format will be returned to myself as the researcher once the transcription of the research interviews has been completed.

Transcripts will be identified by a code number and not your name so only the researcher will know which code corresponds to which participant. Any information that might identify you will be removed from the final research report. All electronic research documents will be stored on a password protected computer file on the researcher's laptop. Your information and audio recording will be stored in a locked filing cabinet in the researcher's home office for seven years after publication and then will be destroyed.

How will your information be destroyed?

Data from this study will be destroyed seven years after publication. Any electronic data from the hard drive on my research computer will be deleted and erased. Audio tapes will be erased and all hardcopy data will be incinerated.

How will you be compensated?

As a way to show my appreciation for your time and effort, you will be given a \$50 gift card to a grocery store. If you decide to participate you can withdraw at any time without any consequences or any explanation.

What will be done with the results?

The completed research will be presented for my doctoral defense at UNBC. It is anticipated that the results will be presented at conferences, to community organizations, and published in professional journals or reports.

You can obtain a copy of the research results by contacting the researcher, Serena George at (Temporary cell phone) or sgeorge@unbc.ca, or Dr. Henry Harder at 250-960-6506 or henry.harder@unbc.ca.

Who should you contact if you have more questions?

Please feel free to contact the researcher, Serena George at (Temporary cell phone) or sgeorge@unbc.ca if you have any questions. Any concerns about the project should be directed to the Office of Research at the University of Northern British Columbia 250-960-6735 or by email: reb@unbc.ca.

Appendix C

Research Participant Consent Form

Do you understand that you have been asked to be in a research study?	<input type="radio"/> Yes	<input type="radio"/> No
Have you read and received a copy of the participant information letter?	<input type="radio"/> Yes	<input type="radio"/> No
Do you understand that you are free to refuse to participate or withdraw from the research study at any time?	<input type="radio"/> Yes	<input type="radio"/> No
Do you understand the benefits and risks of participating in this research study?	<input type="radio"/> Yes	<input type="radio"/> No
Do you understand that the interviews will be audio recorded?	<input type="radio"/> Yes	<input type="radio"/> No
Do you understand that some of your actual words may be published in written form?	<input type="radio"/> Yes	<input type="radio"/> No
Has the issue of confidentiality been explained to you?	<input type="radio"/> Yes	<input type="radio"/> No
Do you know what resources are available for additional support?	<input type="radio"/> Yes	<input type="radio"/> No
Do you understand who will have access to the information you provide?	<input type="radio"/> Yes	<input type="radio"/> No
Have you had an opportunity to ask questions about the study?	<input type="radio"/> Yes	<input type="radio"/> No
Are you currently under the influence of substances that would affect your ability to give informed consent?	<input type="radio"/> Yes	<input type="radio"/> No

This study was explained to me by: _____

Printed name of Research Participant: _____

I agree to participate in this research study:

Signature of Research Participant

Date

Appendix D

Agency Information Letter

To Whom It May Concern,

My name is Serena George and I am currently attending the University of Northern British Columbia (UNBC) in the Doctor of Philosophy in Health Sciences program. I am presently carrying out doctoral research under the direct supervision of Dr. Henry Harder. I am interested in exploring adult's experiences of healing from complex trauma in Prince George, British Columbia.

I originally became interested in conducting research in this area based on my personal experiences of working with children and youth who have experienced early trauma. I currently work at the S.O.S Society as the Children's Program Coordinator and Trauma Counsellor. I recognize the limitations in my counselling practice, which has motivated me to explore what other treatments and interventions would be helpful in supporting trauma survivors.

I plan to interview 12-15 adults who are 25 years of age or older. This will include individuals who identify a history of physical, sexual, and/or emotional abuse, family violence, or neglect that occurred repeatedly during childhood (birth – age 12). The interviews will last approximately 1-2 hours and will be audio tape-recorded so the material can later be analyzed by myself as the researcher. A transcriptionist may be hired to assist with transcribing interview data. Should a transcriptionist be hired, he/she will be required to sign a confidentiality and non-disclosure agreement. All research information in any format will be returned to myself as the researcher once the transcription of the research interviews has been completed. To protect the privacy of the participants, their names and identifying characteristics will not be included in the final results. Additionally, all of their information will be stored in a locked cabinet and all computer files will be password protected. Only myself as the researcher and my supervisor will have access to their information.

I realize the potential difficulty with recruiting adult trauma survivors to participate in this research study. I hope to be able to work with community agencies and professionals who provide services to this population. I would like to request permission to display a poster outlining the research study at your agency.

Thank you for your consideration of this matter. I can be reached via email or telephone for further discussion and to answer any questions about the research study.

Sincerely,

Serena George, PhD(c), CCC
sgeorge@unbc.ca

Appendix E

RESEARCH PARTICIPANTS*The Healing Experiences of Adult Survivors of
Complex Trauma*

- Are you 25 years of age or older?
- Are you a survivor of prolonged childhood trauma?

If you would like to volunteer to share your experiences of healing from complex trauma, I would like to hear from you.

- 1-2 hour individual interview that will be audio-recorded
- One follow-up interview (approx. ½ hour)

\$50 Grocery Gift Card

**For further information please contact:
Serena George at (cell phone) or sgeorge@unbc.ca**

This study is for partial completion of the degree requirements
for a PhD in Health Sciences

Appendix F

Community Resource List

Counselling Services

Brazzoni and Associates – 250-614-2261
 Carrier Sekani Family Services – 250-562-3951
 Community Counselling Centre (CCC) – 250-960-6457
 Eating Disorder Clinic – 250-565-7479
 Elizabeth Fry Society – 250-563-1113
 Native Friendship Center – 250-564-3568
 Surpassing Our Survival (SOS) Society – 250-564-8302
 Walmsley – 250-564-1000

Community Supports

Active Support Against Poverty (ASAP) – 250-563-6112
 Society of St. Vincent De Paul – 250-564-7871
 Immigrant and Multicultural Services Society – 250-562-2900
 Northern Immigration Services – 250-563-1014

Peer Support

Crisis Prevention, Intervention, & Information Centre – 250-563-1214

Housing

Association Advocating Women and Children (AWAC) – 250-562-6262
 Ketso Yoh – 250-563-1982
 Phoenix Transition House – 250-563-7305

Health

Crisis Pregnancy Centre – 250-562-4464
 Central Interior Native Health Society – 250-564-4422
 Northern Interior Health Unit – 250-565-7311

Mental Health and Addictions

Community Acute Stabilization Team (CAST) – 250-565-2666
 Community Outreach and Assertiveness Team (COAST) – 250-565-7472
 Adult Addiction Day Treatment Program – 250-565-2387
 Adult Psychiatric Inpatient Unit – 250-565-2000
 Adult Withdrawal Management Unit (Detox) – 250-565-2175

Legal Support

Legal Aid – 250-564-9717
 Native Court Workers and Counselling Association of British Columbia – 1-877-811-1190
 RCMP Victim Services – 250-561-3329

Physical Well-Being

Chinook Yoga – 250-564-9642

Appendix G

Confidentiality and Non-Disclosure Agreement

This study, The Healing Experiences of Adult Survivors of Complex Trauma, is being undertaken by Serena George at the University of Northern British Columbia (UNBC). The study has 2 main objectives:

1. To examine the healing experiences of adult survivors of complex trauma.
2. To examine the factors which help and hinder adult trauma survivors in healing and recovery.

Data from this study will be used to describe the healing experiences of trauma survivors and the meanings they attach to their stories. Research interviews will be transcribed as close to verbatim with contextual pieces added. The transcripts will be analyzed following a narrative approach to capture each participant's perspective and meaning. The purpose of analysis is to present the essence of each individual story, the themes that emerge within the narratives, and the overarching issues that occur across all of the stories.

I, *(name of recipient)*, agree as follows:

1. To keep all the research information shared with me confidential by not discussing or sharing the research information in any form or format (e.g. disks, tapes, transcripts) with anyone other than the researcher;
2. To keep all research information in any form or format secure while it is in my possession;
3. I will not use the research information for any purpose other than transcribing audio data;
4. To return all research information in any form or format to the researcher when I have completed the research tasks;
5. After consulting with the researcher, erase or destroy all research information in any form or format regarding this research project that is not returnable to the researcher (e.g. information stored on computer hard drive).

Recipient

(Print name)

(Signature)

(Date)

Researcher:

(Print name)

(Signature)

(Date)

If you have any questions or concerns about this study, please contact:

Professor/Supervisor

Dr. Henry Harder

250-960-6506

henry.harder@unbc.ca

This proposed study has been reviewed by the Research Ethics Board at UNBC. For questions regarding participant rights and ethical conduct of research, contact the Office of Research by email at reb@unbc.ca or telephone at (250) 960-6735.